

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 26 1935

28345

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township University

Primary Registration District No. 4470

City University (No. 751, Syracuse Ave. St. 93 Ward)

File No. _____

Registered No. 93

2. FULL NAME Hattie Aronson

(a) Residence, No. 751 Syracuse Ave. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

13. NAME Peter J. Aronson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

15. MAIDEN NAME Ida Rival

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

17. INFORMANT (ADDRESS) Mrs. Ida Manne 751 Syracuse Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE B'nai Amoond DATE Aug 28, 1935

19. UNDERTAKER (ADDRESS) H. B. Bergsahl 4712 McSherron Ave

20. FILED Aug 27, 1935 Rena D. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/16/33, 19 , to 8/26/35, 19 .

I last saw him alive on 8/26, 1935 Death is said

to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital deformity, extreme, scoliosis and kyphosis, Chr. myocarditis, Chr. endocarditis, Chr. interstitial nephritis.

Date of onset 10/36
63

Other contributory causes of importance:

General anasarca, mitral insufficiency decompensated, block heart.

Date of onset 7/31/35

Name of operation _____ Date of _____

What test confirmed diagnosis? C.I.I. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify City or town, county, and State)

Specify whether injury occurred in industry, in a home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 8/27/35

(Signed) John C. Turner, M. D.

(Address) 3718 Jennings St.,

St. Louis, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

