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

OCT 23 1935

Do not use this space.

791

30707

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

Township..... Primary Registration District No..... Registered No. 7464

City St Louis (No. 3123 Easton St. ..... Ward)

2. FULL NAME JENNIE Shugart

(a) Residence, No. 7026 Westmoreland St. N.R. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Israel Shugart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1869

7. AGE: Years 66 Months 3 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Russia

FATHER

13. NAME: Samuel Bleiweiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Sarah Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Mrs. J. C. Schwartz 7026 Westmoreland

18. BURIAL, CREMATION, OR REMOVAL: PLACE Bnai Amoona Cem. DATE 9-5, 1935

19. UNDERTAKER (ADDRESS): Herman Rudstein 5216 Delmar Blvd

20. FILED SEP 4 1935, 19.... J. Bleiweiss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Expiration, 19.. I last saw her alive on Sept 3, 1935. Death is said to have occurred on the date stated above, at 5 P.M.

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

Date of onset

Coronary Embolism

Other contributory causes of importance:

Bronchial Asthma

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 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.....

(Signed) Oscar A. Grote, M. D.

(Address) 1225 N. Grand Blvd.

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD