

MAR 12 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City

St. Louis

(No. ....)

2209, Hebert

791

1003

8133

File No.....

Registered No.....

1812

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2209 Hebert

St., 20

Ward.

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.

(If nonresident, give city or town and State)

## 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

Terrence Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

December 25<sup>th</sup> 1853

7. AGE

82 YEARS

1 MONTHS

22 DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

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

at home

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

housekeeper

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)

New Jersey

13. NAME

Charles Goldman

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

Dont know

15. MAIDEN NAME

Bliss Elliot

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

Dont know

17. INFORMANT  
(ADDRESS)Sister Jeanne  
2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Feb 19

1936

19. UNDERTAKER  
(ADDRESS)Culligans Bros.  
1710 N Grand Blvd

20. FILED

FEB 18 1936

J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

February 17<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 3, 1936, to Feb. 17, 1936

I last saw him or her alive on Feb. 16, 1936 Death is said

to have occurred on the date stated above, at 3<sup>15</sup> p.m.

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

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Cholelithiasis, Cholecystitis  
Myocarditis

Name of operation.....

None

Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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).....

Anthony A. Prekorski

, M. D.

(Address).....

1525<sup>th</sup> Cass Ave.

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.

