

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.

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

Do not use this space.

JUN 26 1936

20595

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City Wallerton (No. 6463, Wells Ave.) St. _____ Ward _____

File No. _____
Registered No. 151

2. FULL NAME

(a) Residence, No. 6463 Wells Ave. St. _____ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank A. Pula
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1867
7. AGE YEARS 68 MONTHS 10 DAYS 20 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. At home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Ferd Hirschfeld

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

MOTHER 15. MAIDEN NAME Dorothy Hadas

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

17. INFORMANT Mrs. Frank A. Pula (ADDRESS) 6463 Wells Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cemetery DATE May 19, 1936

19. UNDERTAKER Geo. L. Plitcher, Inc. (ADDRESS) 5966 Easton Ave.

20. FILED 5-19- 1936 M. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1936 to 5-16, 1936
I last saw him alive on 5-16, 1936 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Acute myocarditis
Abdominal hemorrhage
(internal possibly in colon)

Other contributory causes of importance:
Ca. of Colon

Name of operation _____ Date of _____

What test confirmed diagnosis? ph. 1 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) Geo. H. Kennerfus, M.D.

(Address) 7307 1/2 National Bldg

7301 Nat Bridge
Abe