

MISSOURI STATE BOARD OF HEALTH

AUG 25 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27826

1. PLACE OF DEATH

County St. Louis Registration District No. 333
 Township St. Ferdinand Primary Registration District No. 4468
 City Robertson (No. Jewish Sanitorium) St. _____ Ward _____

2. FULL NAME

Sarah Reff
4201 Norfolk

(a) Residence, No. _____ 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 Max Reff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>50</u>	<u>9</u>	<u>2</u>	

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) Bialystock
 (STATE OR COUNTRY) Poland

13. NAME Herschel Brooks

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

15. MAIDEN NAME Rebecca (unk)

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

17. INFORMANT Max Reff
 (ADDRESS) 4201 Norfolk

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 7/9/36

19. UNDERTAKER H. B. Beyers, L. & W. Co.
 (ADDRESS) 4715 N. 11th Person

20. FILED 7/9 1936 W. A. Zeidler
 Registrar

P. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to July 9, 1936

I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 2:40 A.M.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:
Hypertension
Nephritis, Chronic

Name of operation none Date of _____
 What test confirmed diagnosis? B.P. 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? No
 If so, specify _____

(Signed) W. A. Zeidler, M. D.
 (Address) Jewish Sanitorium

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.

