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.

AUG 18 1936

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

Do not use this space.

28957

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 7727

2. FULL NAME Ida Michelson

(a) Residence, No. 5651 a Wells St., 6 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sanuel Michelson

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

7. AGE: ab 60 YEARS | MONTHS | 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.

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): Volhynia U.S.S.R.

FATHER

13. NAME: Baruch Axelrod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER

15. MAIDEN NAME: Ada (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT (ADDRESS): Max Michelson 730 Heman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 7/21/36 19

19. UNDERTAKER (ADDRESS): H. B. Berger L & U. Co. 4715 McPherson

20. FILED JUL 21 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to July 19, 1936

I last saw her alive on July 19, 1936. 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:

Carcinoma of Gall Bladder with → Date of onset Feb. 1936

Other contributory causes of importance: [Metastases to lungs, liver, abdominal lymph glands,] Arteriosclerosis; Common bile-duct obstruction

Name of operation None Date of

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

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) Ben S. Sentuna, M. D.

(Address) 5333 Cabanne Av. St. Louis, Mo.