

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

Do not use this space.

223413

1. PLACE OF DEATH *III 57 1936*
 County *St. Louis* Registration District No. *1170*
 Township *Jefferson* Primary Registration District No. *6248H*
 City *Richmond Heights, Mo.* *St. Louis, Mo.* St. _____ Ward _____

2. FULL NAME *Ether Ida Cassel*
 (a) Residence, No. *5127 Pershing 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Isadore Cassel</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>not known</i>		
7. AGE YEARS <i>about 43</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>house wife</i>		
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) <i>Russia</i>		
FATHER	13. NAME <i>Joseph J. Olian</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
MOTHER	15. MAIDEN NAME <i>Bessie Fried</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
17. INFORMANT <i>Edney Cassel</i> (ADDRESS) <i>5127 Pershing</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Louis</i> DATE <i>July 5, 1936</i>		
19. UNDERTAKER <i>H. Rindt</i> (ADDRESS) <i>5127 Pershing</i>		
20. FILED <i>7/5 1936</i> <i>Blonde Porter</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-4-1936*

22. I HEREBY CERTIFY That I attended deceased from *June 11, 1936* to *July 4, 1936*
 I last saw him alive on *July 4, 1936* Death is said to have occurred on the date stated above *at* _____ m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset *7/5*
 Other contributory causes of importance:
Paratyphoid gangrene
Fibrinous pleurisy
 Name of operating physician *Dr. J. H. ...* Date of operation *7/4/36*
 What test confirmed diagnosis? *Wassermann* 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? _____
 If so, specify _____
 (Signed) *[Signature]* M. D.
 (Address) *[Address]*

WRITE PLAIN, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

