

SEP 29 1936

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

Do not use this space.

32108

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City (No. Emmanuel Home)

Registration District No. 257
Primary Registration District No. 5998

File No. _____
Registered No. 141
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3155 1/2 Cherokee St., Ward. St. Louis, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED- (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31-1891</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>2</u>
		DAYS
		<u>02</u>
		IF LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935, to Aug 3rd, 1936.
I last saw her, alive on Aug 2nd, 1936 Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>nil</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Invalid</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

1) Pulmonary tuberculosis
2) Tubercular peritonitis
Other contributory causes of importance: 23

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis Mo.</u>
	13. NAME	<u>(Mink) Hirschfeld</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis Mo.</u>
	15. MAIDEN NAME	<u>Unknown</u>

Name of operation Abdominal Exploration
What test confirmed diagnosis? Signs & symptoms Date of Feb. 15/35
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.

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis Mo.</u>
	17. INFORMANT (ADDRESS)	<u>Edwin Hirschfeld</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Peter</u>
	DATE	<u>Aug 5, 1936</u>

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. P. Enich Schulz, M. D.
(Address) St. Charles Mo.

MOTHER	19. UNDERTAKER (ADDRESS)	<u>Wacker & Huber</u>
	20. FILED	<u>8/3</u> , 19 <u>36</u> <u>Clarence B. Stresler</u> Registrar.

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.

