

SEP 15 1936

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

Do not use this space.

32849

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis** (No. **fourth**)

Ward **7**

File No.

Registered No. **8522**

St. Ward)

2. FULL NAME

(a) Residence, No. **5942 Laura** St., **7** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **25** yrs. - mos. - ds. How long in U. S., if of foreign birth? **20** yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Sophie Bell**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Child 5? - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Wood cutter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **mill work**

10. Date deceased last worked at this occupation (month and year) **June 20, 36** 11. Total time (years) spent in this occupation **25**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

13. NAME **Louis Bell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Huppig**

15. MAIDEN NAME **Clara Kahan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **Louis Bell** (ADDRESS) **5942 Laura**

18. BURIAL, CREMATION OR REMOVAL PLACE **Chesed Shel Emeth Aug 16, 36**

19. UNDERTAKER (ADDRESS) **Chandler Funeral Home 4469 Washington**

20. FILED **AUG 16 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **7/23**, 19**36**, to **8/15**, 19**36**

I last saw him alive on **8/16**, 19**36**. Death is said to have occurred on the date stated above, at **12:30 a.m.**

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

ATELECTASIS - LEFT LUNG
operation for Goiter
Galic bacteria

Date of onset **8/14/36**

Other contributory causes of importance:

BANCHED PNEUMONIA

Name of operation **FISTULA - OPERATION** Date of **8/15/36**

What test confirmed diagnosis? 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) **J. C. Muller**, M. D.

(Address) **Fourth Street**

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.

