NOV 4 1936

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

Do not use this space.

39179

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10210

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

2. FULL NAME Nettie Newman

(a) Residence, No. 1514 Clara St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Isadore Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): alt. June 1900

7. AGE: YEARS 36 | MONTHS ab 4 | 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): Cherzon U.S.S.R.

FATHER
13. NAME: Barney Shildkraut
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER
15. MAIDEN NAME: Messie (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT (ADDRESS): Adele Moldafsky 6523 Etzel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 10/11/36

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED OCT 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1936, to October 8, 1936
I last saw her alive on October 8, 1936. Death is said to have occurred on the date stated above, at 5 43 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
95	
Other contributory causes of importance:	
Cardiac decompensation	8/30/36
Arterial thrombosis	9/36

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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) Dover C. Mueller, M. D.
(Address) Jewish Hosp. Ht

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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