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.

JAN 10 1937

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

Do not use this space. 46332

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5790 Mc Pherson St. ..... Ward)

File No. .....

Registered No. 12118

2. FULL NAME Pearl Londe (Pearl Landau)

(a) Residence, No. 5790 Mc Pherson St., 5 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Londe (Landau)

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

7. AGE YEARS: ab 75 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 Poland

FATHER

13. NAME Itzik Wolf Grupnick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Sarah (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Mrs. Fay Eastman 5790 Mc Pherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 12/10/36, 19

19. UNDERTAKER (ADDRESS) H. B. Berger F & U Co 4715 Mc Pherson Ave

20. FILED ..... 19 J. F. Bredeck Registrar.

DEC 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from about 4 years to 12/9, 1936
I last saw her alive on 12/4 1936. Death is said to have occurred on the date stated above, at 10 45 p.m.
The principal cause of death and related causes of importance were as follows:

Art. Sclerotic Heart Dis. — Date of onset: years

Other contributory causes of importance: 95 Yr

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Arthur E. Strauss, M. D.
(Address) 607 N. Grand