

JAN 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 790
Township _____ Primary Registration District No. 60332
City Clayton (No. 6514) Rosebury St. _____ Ward _____

File No. 3010
Registered No. 14

2. FULL NAME

Goldie Fox

(a) Residence, No. 6314 S. Rosebury 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 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 Jacob H. Fox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNK
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab 65

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. 262
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 U.S.S.R.

13. NAME Joseph barmegger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 23

15. MAIDEN NAME (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 23

17. INFORMANT Mrs. Esther Schreiber (ADDRESS) 6314 S. Rosebury

18. BURIAL, CREMATION, OR REMOVAL PLACE CHESLID JAIL BRISTOL DATE 1/15/37

19. UNDERTAKER H. B. Burge (ADDRESS) 4715 m Sherman

20. FILED 1/15, 1937 Dr. J. J. Agnarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936 to Jan 14, 1937

I last saw her alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 2 A. m.

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

Date of onset

Carcinoma of stomach

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Henry Rosenfeld, M. D.
(Address) 508 N. Grand

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.

