

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

Do not use this space.

**CERTIFICATE OF DEATH
FEB 8 1937**

3823

791

1003

File No. _____
Registered No. **860**
St. _____ Ward _____

1. PLACE OF DEATH

96 County _____
30 Township _____
30 City St. Louis, Mo. (No. Jewish Hospital)

Registration District No. _____
Primary Registration District No. _____

2. FULL NAME

Augusta Penenbaum
(a) Residence, No. Route 1 St. A. R. Ward. 2 Bellville 5th
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 31 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 William Penenbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-10-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>10</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) Jan 7-31 11. Total time (years) spent in this occupation 27 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

13. NAME Abraham Resnikoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

17. INFORMANT (ADDRESS) Lottie Penenbaum 5816 a Roosevelt Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesnut Radisha DATE Jan-20-1937

19. UNDERTAKER (ADDRESS) Oberlander Funeral Directors 24419 W. Ashmun St. St. Louis

20. FILED JAN 20 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 1/17/37, 19____, to 1/20/37, 19____. I last saw her alive on 1/19/37, 19____. Death is said to have occurred on the date stated above, at 3 A. m.

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

Carcinoma of gall bladder. General carcinomatosis

Date of onset 1936

Other contributory causes of importance: HBE

Name of operation _____ Date of _____
What test confirmed diagnosis? Exploration 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? _____
If so, specify _____
(Signed) J. C. Mann _____, M. D.

(Address) June 17, 1937

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.

RECORD

