

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

Do not use this space.

APR 9 1937

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 17042)

City Hospital No. 1

791

1003

File No.....

Registered No.....

10065

2626

St. .... Ward)

B. 17042 Florence Abraham

2. FULL NAME

(a) Residence, No. 2310 a North 14th st. 26 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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Abraham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
43 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk 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) St. Louis, Missouri

13. NAME James H. Barhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mathilda Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgian

17. INFORMANT Hosp. Info. M.H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Mar. 8, 1937

19. UNDERTAKER Math. Hermann & Son  
(ADDRESS) 2161 East Fair Avenue

20. FILED MAR 7 1937 J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/37 19..

22. I HEREBY CERTIFY, That I attended deceased from 2/27/37, 19.., to 3/4/37, 19..

I last saw her alive on 3/4/37, 19.. Death is said

to have occurred on the date stated above, at 5.40p.

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

Rheumatic Heart Disease  
mitral stenosis  
aortic stenosis Date of onset

Other contributory causes of importance:

Syphilis

*[Signature]*

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) Roy Greenbaum, M. D.

(Address) City Hospital No. 1

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.

STATE DEPARTMENT OF HEALTH—THIS IS A PERMANENT RECORD

80-1-199

