MAY 7 1937

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

Do not use this space.

15007

1. PLACE OF DEATH
County Jewish Hospital — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 4503
City St. Louis Mo. (No. , St. Ward)

2. FULL NAME Baby Boy Scissors
(a) Residence, No. 5157 Palm St., 6 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1937
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or 40 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn
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, Mo.

FATHER
13. NAME Sam Scissors
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Gertrude Gotler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Sam Scissors 5157 Palm,
18. BURIAL, CREMATION, OR REMOVAL
PLACE JEWISH HOSPITAL DATE 4-28 1937
19. UNDERTAKER (ADDRESS) Turned over to laboratory
20. FILED APR 30 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1937, to 4-28, 1937
I last saw him alive on 4-28, 1937. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

Prematurity 159

Date of onset

Other contributory causes of importance: Lea Perforat Ferus

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) [signature], M. D.
(Address) [illegible]

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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