

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Jewish Hospital)

File No. 21751
Registered No. 5503
St. _____ Ward _____

2. FULL NAME William Markenson

(a) Residence, No. 4334 Vista St., 18 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Markenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cobbler
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) Seidletz Poland

13. NAME MOSES Jacob Markenson

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

15. MAIDEN NAME Ida Rebecca Gitel

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

17. INFORMANT Mrs. Sarah Markenson (ADDRESS) 4334 Vista

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 6/3/37

19. UNDERTAKER H. S. Berger & Co., Inc. (ADDRESS) 4715 Michigan

20. FILE JUN 3 1937 J. W. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/5 to 6/2, 1937

I last saw him alive on 6/2, 1937. Death is said to have occurred on the date stated above, at 8:45 A. M.

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

STAPHYLOCOCCI
SEPTICEMIA

Date of onset 8/5/36

Other contributory causes of importance:

KIDNEY INFECTION noncalculous

(Cause of infection unknown)
NEPHRITIS

Name of operation NEPHRECTOMY DATE OF OPERATION _____

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?

If so, specify _____

(Signed) J. C. Middleton M. D.

(Address) Jewish Hospital

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.

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