AUG - 5 193

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

Do not use this space.

25443

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No.) Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 6617

2. FULL NAME Mrs Fannie Rudman

(a) Residence, No. 7369 Delmar St., N.R. Ward. U. City Mo.
(Usual place of abode) (If nonresident, give City or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 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 Louis Rudman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years about 62; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) May 1937

11. Total time (years) spent in this occupation 4 yrs

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

FATHER

13. NAME Lazar Lifea

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

MOTHER

15. MAIDEN NAME Bessie Shalita

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

17. INFORMANT Louis Rudman
(ADDRESS) 7369 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesh Shel Emeth DATE July 9 1937

19. UNDERTAKER Oxenhandler Funeral Institution
(ADDRESS) 4469 Washington Blvd.

20. FILED JUL 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1936, to 7-9, 1937

I last saw h. alive on 7-8, 1937 Death is said to have occurred on the date stated above, at 1-45 a.m.

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

	Date of onset
Carcinoma of liver	

Other contributory causes of importance

Name of operation diagnostic Laparotomy Date of July 1937

What test confirmed diagnosis? see above 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) Elma Quinman, M. D.

(Address) 634 N. Grand

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.