

AUG - 5 1937

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

Do not use this space.

25550

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. Lutheran Hospital)

Registration District No. 791  
Primary Registration District No. 1008

File No.....  
Registered No. 6724  
St. .... Ward)

2. FULL NAME Bernard Krugman

(a) Residence, No. 2620a Hodiamont Ave. 6 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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 Della Krugman

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 42

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery  
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) Russia13. NAME David Krugman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT Della Krugman  
(ADDRESS) 2620a Hodiamont Ave.18. BURIAL, CREMATION, OR REMOVAL Sinai Cem. DATE 7-13-1937 19.19. UNDERTAKER H. Rindskopf  
(ADDRESS) 5216 Delmar Blvd.20. FILED JUL 13 1937 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 11, 193722. I HEREBY CERTIFY, That I attended deceased from JUNE 10, 1935 to July 11, 1937

I last saw him alive on July 11, 1937. Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset

Other contributory causes of importance:

Perforated gastric ulcer

Name of operation Repair of ulcer & drainage Date of July 1937

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) Henry E. Rosenberg, M. D.  
(Address) 4503 Page

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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55-7-1937

