SEP 10 1937

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

Do not use this space.

29375

1. PLACE OF DEATH
County Jewish
Township Hospital
City St Louis, Mo. (No. ..., ... St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 8008

2. FULL NAME Baby Girl Woldenberg - still born
(a) Residence, No. 726 Leland St., NR Ward. University City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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*): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-37

7. AGE: Stillborn — YEARS — 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. infant
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 Haskell Mandel Woldenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER
15. MAIDEN NAME Minette Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis.

17. INFORMANT (ADDRESS) Jewish Hospital 216 So. Kingshighway

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Jewish Hospital DATE 8-24 1937

19. UNDERTAKER (ADDRESS) M. R. Meyerhardt 462 No Taylor

20. FILED AUG 26 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw h..... alive on —, 19... Death is said to have occurred on the date stated above, at 11:06 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
(Placenta Praevia)

Other contributory causes of importance:

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) M. R. Meyerhardt, M. D.
(Address) 462 No. Taylor

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.

8008

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