

OCT 14 1937

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

Do not use this space.

32195

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis - 500 S. Kings Highway - St. L. Childrens Hosp.** (Ward)

2. FULL NAME

(a) Residence, No. **7315 Tulane** St., **NR** Ward, **UNIVERSITY CITY**
(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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-11-30**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 5 20

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

13. NAME **SOL KAISER**
14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO**

15. MAIDEN NAME **Sara Targrove**
16. BIRTHPLACE (CITY OR TOWN) **RUSSIA** (STATE OR COUNTRY)

17. INFORMANT **J. M. BLVIN** (ADDRESS) **500 S. Kings Highway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CHESED SHEL EMETH** DATE **9/2** 1937

19. UNDERTAKER **H. J. Berger** (ADDRESS) **4715 McPherson**

20. FILED **SEP 2 1937** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-2-37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **8-31-37**, 19, to **9-2-37**, 19.

I last saw him alive on **9-2-37**, 19. Death is said to have occurred on the date stated above, at **12:30** p.m.

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

Poliomyelitis (superior) non epidemic Date of onset **8/30/37**

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? **Clinical** 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) **E. L. Evans, Jr.** M. D.

(Address) **500 S. Kings Highway**

10/10/10

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