OCT 14 1937

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

2

791

32505

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 855

(c) City St. Louis (d) Street No. 1440 Burd

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 25 yrs. mos. ds.

2. PRINT FULL NAME Gittel Tecklin

(a) Residence, No. 1440 Burd St. 6

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Sam Tecklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Ab. 1862

7. AGE: 3 YEARS: Ab. 75 MONTHS: DAYS: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as 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): Gommell U.S.S.R

FATHER

13. NAME: Harry Feldman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R

MOTHER

15. MAIDEN NAME: Gittel (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R

17. INFORMANT (ADDRESS): Alex Tecklin 1440 Burd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hevre Kedisha DATE 9/12 37

19. FUNERAL DIRECTOR (ADDRESS): H B Berg 4715 McPherson

20. FILED SEP 11 1937 J H Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937, to Sept 10, 1937

I last saw her alive on Sept 10, 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:

Date of onset

Pulmonary Edema
Cardiac Decompensation
Hypertensive Heart disease

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? no 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) Julius Elson, M. D.

(Address) 4500 Olive

(Licensed Embalmer's Statement on Reverse Side)

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.

50M 20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Herbert I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)