

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

32798
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8852**
(c) City **St. Louis** (d) Street No. **5645 Wells** St.
(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 **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **40** yrs. mos. ds.

2. PRINT FULL NAME **IDA FUNK**
(a) Residence, No. **5645 Wells** 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 **Isaac Funk**
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
Ab. 63				

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) **Volhynia U.S.S.R**

FATHER
13. NAME **Israel Lerner**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R**

MOTHER
15. MAIDEN NAME **Sarah (Unk)**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R**

17. INFORMANT **Isaac Funk**
(ADDRESS) **5645 Wells**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Chesed Shel Emeth** DATE **9/22, 37**

19. FUNERAL DIRECTOR **H. B. Burger**
(ADDRESS) **4715 Mc Pherson**
J. Bredeck
Local Registrar.

20. FILED **SEP 22 1937**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1928** 19 to **Sept 22, 1937**
I last saw her alive on **Sept 21, 1937**. Death is said to have occurred on the date stated above, at **8:30 A.M.**
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Hypertension Vascular
Diabetes Mellitus

Other contributory causes of importance: **MI**

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) **W. H. Olmsted** M. D.
(Address) **3720 Washington St. Louis**

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.

