

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.

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

FEB 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
 (b) Township..... Primary Registration District No. Registered No. **1002**
 (c) City..... **St. Louis** (d) Street No. **4651 Newberry** St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Nathan Waldman 435**

(a) Residence, No. **4651 Newberry** St. **12**
 (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 **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 **Rebecca Waldman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 10, 1867**

7. AGE YEARS **70** MONTHS **9** DAYS **16** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Pleating Co.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **OWNER**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Volhynia Poland**
 13. NAME **Abraham Simon Waldman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER 15. MAIDEN NAME **Goldie (unk)**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT **A. Waldman**
 (ADDRESS) **808 Washington Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **Jan. 27 38**

19. FUNERAL DIRECTOR **H. B. Bragg**
 (ADDRESS) **4715 McPherson St. Bredeck**

20. FILED **JAN 27 1938**
 Local Registrar.

1146
Do not use this space.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 26 1938**

22. I HEREBY CERTIFY That I attended deceased from **Jan 22 1938** to **Jan 26 1938**
 I last saw him alive on **Jan 26 1938**. Death is said to have occurred on the date stated above, at **11:39 a.m.**
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
 Date of onset **1/22/38**

Other contributory causes of importance:
Chc. myocarditis
Chc. nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? **Autopsy** 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) **Carl H. He...**, M. D.
 (Address) **1206 - 12 2nd St. St. Louis**

STATEMENT BY LICENSED EMBALMER

I, Herbert D. 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 Herbert D. Berger

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.)