

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No. Fee Lee Sanitorium

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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****4. COLOR OR RACE****5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Female

white

widow

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

Hymen Klorman

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

(UNK)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

ab. 90

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

Housewife

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)**Satorlya Dhelii
Hungaria**13. NAME**

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hungaria

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hungaria

17. INFORMANT

(ADDRESS)

H. I. Berger
4717 McPherson**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE

Bnai Amoona 2/15/38

19. UNDERTAKER

(ADDRESS)

H. B. Berger
4715 McPherson**20. FILED**

2-15

1938

G. R. Meyer M. J. P. W.

Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1937, to Feb 14, 1938

I last saw him alive on 2-14-38, 19... Death is said

to have occurred on the date stated above, at 4:10 p.m.

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

Cardiac Failure
 Chronic Myocarditis
 Terminal Pneumonia

Date of onset

Other contributory causes of importance:

Chronic Endocarditis
 Scurvy

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

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)

Helen Berger

M. D.

(Address)

University Club Bldg.

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.

