

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

Do not use this space.

REC'D APR 1 1938

791
1003

8681

2270

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5925 Lindell Blvd.) St. Ward)

2. FULL NAME Aaron Waldheim 435
(a) Residence, No. 5925 Lindell Dr. St. Ward. 5
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 <u>Hattie Waldheim</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1863</u>			
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate		
	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) <u>Cincinnati</u> <u>Ohio</u>			
FATHER	13. NAME <u>Moses Waldheim</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Sarah</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Millard Waldheim</u> (ADDRESS) <u>#3 Carrswald Dr.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai Cem.</u> DATE <u>March 9</u> 19 <u>38</u>			
19. UNDERTAKER <u>Herman Rindshoff</u> (ADDRESS) <u>5216 Delmar Blvd.</u>			
20. FILED <u>MAR 7 1938</u> <u>J. D. Bredek</u>			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 1930 to March 7, 1938
I last saw him alive on 3/6, 1938. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Gall Bladder Date of onset 8 months
After - sclerotic Heart 740
Dilated

Other contributory causes of importance:
None

Name of operation 0 Date of operation
What test confirmed diagnosis? Clinical & postmortem Was there an autopsy? Yes

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) Arthur E. Strain M. D.
(Address) 839 N. Grand.

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.

H. Pindakoff

915. 2207