

REC'D JUN 7 1938

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

Do not use this space.

19532

1. PLACE OF DEATHCounty St. LouisRegistration District No. 784Township St. FerdinandPrimary Registration District No. 240City Robertson, Mo. (No. General Sanatorium)

File No. _____

Registered No. 934

St. _____ Ward)

2. FULL NAMEEsther Aurbuch 111(a) Residence, No. 5876 A Cote Brillant St. St. Louis, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sol Aurbuch**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About</u>	<u>33</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife10. Date deceased last worked at this occupation (month and year) Mar 1938 11. Total time (years) spent in this occupation 12 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia13. NAME Siddis Rabe14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia15. MAIDEN NAME Chania16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT Sol Aurbuch
(ADDRESS) 5876 Cote Brillant18. BURIAL, CREMATION, OR REMOVAL PLACE Assured Shol Smith DATE May 29, 193819. UNDERTAKER Oxy-handle Funeral Director
(ADDRESS) 44 87 Washington Blvd.20. FILED 29 1938 19 T. H. Neely M.D. Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan May 28, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to May 28, 1938I last saw her alive on May 28, 1938. Death is said to have occurred on the date stated above, at 11¹⁵ A. M.

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

Metastatic carcinoma
Generalized carcinomatosis
Secondary to carcinoma of breast (left)

Date of onset
1934Other contributory causes of importance: 50Name of operation Radical breast Date of 5-4-34What test confirmed diagnosis? Aspiration + X-ray 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? No.

If so, specify _____

(Signed) Chas. Neumann, M. D.

(Address) _____

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.

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