

REC'D JUL 12 1938

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

20033

Do not use this space.

5172

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St Louis (d) Street No. 5930² Bartmer (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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 4 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5930² Bartmer St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Late Anna Perlman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March - 1851</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>3</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Collector</u>	
	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) <u>Retired</u>	
11. Total time (years) spent in this occupation <u>15 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Abraham Perlman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Kentel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT (ADDRESS) <u>Anna Perlman</u> <u>5930 Bartmer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Church of the Holy Spirit</u> DATE <u>June 7, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Orenhandle Funeral Co</u> <u>4469 Washington</u>		
20. FILED <u>J. D. Bredeek</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938
 22. I HEREBY CERTIFY That I attended deceased from June 5, 1938, to June 6, 1938.
 I last saw him alive on June 5, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Polio PneumoniaDate of onset
4/4/38

Other contributory causes of importance:

Myocarditis, Chronic Stenosis

Name of operation Date of

What test confirmed diagnosis? Phys exam. Was there an autopsy? No23. 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? NoIf so, specify Perlman He(Signed) Herman M. Weber, M. D.(Address) 508 N. Grand

Not embalmed
CF

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)