

REC'D JUL 10 1939

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

21234
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 395
(b) Township Haw Primary Registration District No. 1002
(c) City St. Louis (d) Street No. 1002 Registered No. 2502
(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 Sarah Nuddelman (Sarah Nuddelman)
(a) Residence, No. 345 7843 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 1, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) MO.
13. NAME Nuddelman 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7
15. MAIDEN NAME Nuddelman 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mrs. George Lanning
5400 Carfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield DATE 6-20 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. P. Louis, Funeral
3400 Woodland St. Louis
20. FILED June 20, 1939 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-39
22. I HEREBY CERTIFY, That I attended deceased from 6-8-39, 1939, to 6-19-39, 1939
I last saw live on 6-19-39 Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri
48
Date of onset

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) P. J. De Manno M. D.
(Address) St. Luke's Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.