

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

1 PLACE OF DEATH

County .....

Township .....

Village .....

City St. Louis Mo

Registration District No. 791

File No. 19890

Primary Registration District No. 1003

Registered No. 5915

(NO 4648 Evans Ave St. 11 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sylvia Friedman - a Friedman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH June - 20 - 1873  
(Month) (Day) (Year)

7 AGE 57 yrs. 11 mos. 4 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry business, or establishment in which employed (or employer) herself. 295

9 BIRTHPLACE (City or town, State or foreign country) Russia

PARENTS  
10 NAME OF FATHER Shlomi Zolmin Nussimovitch  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia  
12 MAIDEN NAME OF MOTHER Unknown  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathan Weintraub  
(Address) 6817 Etzel Ave

15 Filed MAY 25 1931 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5-24-31  
Sylvia Friedman 191 31  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 5-15, 19131, to 5/24, 19131, that I last saw her alive on 5/24, 19131, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Chorea Mercatoria  
131  
95  
131  
(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chorea Mercatoria - Nephritis  
(Duration) yrs. mos. ds.  
(Signed) [Signature] M. D.  
5705, 19131 (Address) 4930 Ruler

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 5 yrs. 4 mos. - ds. In the 9 State 7 yrs. 10 mos. 6 ds.  
Where was disease contracted if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Chesed Shel Emeth DATE OF BURIAL 5-25-1931

20 UNDERTAKER [Signature] ADDRESS 4827 Easton Ave

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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation beginning of illness. If retired from business, fact may be indicated thus: *Farmer (retired, 6 1/2 years)*. For persons who have no occupation whatsoever write *None*.

**Statement of cause of death.**—Name, first and last, of the DISEASE CAUSING DEATH (the primary affect with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never rep

10/12  
20/12

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railroad train—accident; Revolver wound of head—suicide; Poisoned by carbolic acid—probably suicide.* nature of the injury, as fracture of skull, and sequences (e. g., *sepsis, tetanus*) may be stated at the head of "Contributory." (Recommendation on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)