

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

Do not use this space.

6150.

1. PLACE OF DEATH

County Registration District No. *791*
 Township *St. Louis* Primary Registration District No. *1003B*
 City *St. Louis* (No. *Jewish Hospital*)

File No.
 Registered No. *1173*
 St. Ward)

2. FULL NAME

(a) Residence, No. *4527² Newberry* Ward. *12*
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Simon Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unk*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 51

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *23'*
 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) *Poland 20*

FATHER 13. NAME *Isaac Abrams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poland*

MOTHER 15. MAIDEN NAME *Rachel (unk)*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poland*

17. INFORMANT (ADDRESS) *Simon Smith 4527² Newberry*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Our Mother* DATE *2/14* 1932

19. UNDERTAKER (ADDRESS) *H.B. Berger 4715 Park St. St. Louis*

20. FILED - 1133-19 *Register*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/3/32* 19

22. I HEREBY CERTIFY, That I attended deceased from *February 1*, 1932, to *February 3*, 1932.
 I last saw her alive on *February 3*, 1932. Death is said to have occurred on the date stated above, at *4:20* p.m.
 The principal cause of death and related causes of importance were as follows:

Agranulocytic Angina
175A/150A
 Other contributory causes of importance: *①*

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) *J. S. Puleston*, M. D.
 (Address) *12th St. St. Louis*

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.

PERMANENT RECORD - 1133-19

RECORD

FOR RECORD

CAUSE NO. 100-100000-00000

[The main body of the document is mostly blank or contains extremely faint, illegible text.]

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 1008
City..... (No. Jewish Hosp)..... St. Ward)

File No.
Registered No. 1173
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>ab 65</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...		
19. UNDERTAKER (ADDRESS)		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed)....., 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.

RECORD

Supplementary

*Simon Smith
1457 72 Hawthberry
W. C. Tanker
1932
Registrar.*

S-6150