

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

Do not use this space.

10822

1. PLACE OF DEATH

County Registration District No. *10003*
 Township File No. *2897*
 City *St. Louis* (No. *Mo. Baptist Sanit*) Registered No. *2897*
 St. Ward)

2. FULL NAME

(a) Residence, No. *815 Leland* St. *12* Ward. *St. Louis Co. Mo.*
 (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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Bluma Krelitz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unk</i>		
7. AGE YEARS <i>ab 57</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Shoes 156</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Wholesale Retail</i>		
10. Date deceased last worked at this occupation (month and year) <i>7/27</i>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kovno Russia</i>		
13. NAME <i>Mordecai N. Krelitz</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>		
15. MAIDEN NAME <i>Frieda (unk)</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>		
17. INFORMANT <i>Sylvia Krelitz</i>		
18. BIRTH, CREMATION, OR REMOVAL <i>Beth Ham Hag</i> DATE <i>3/25/33</i>		
19. UNDERTAKER <i>McCallister</i>		
20. FILED <i>1933</i>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 25 1932*

22. I HEREBY CERTIFY, That I attended deceased from *1922*, to *Mar. 24*, 19*22*
 I last saw him alive on *Mar. 24*, 19*22*. Death is said to have occurred on the date stated above, at *about 3A* m.
 The principal cause of death and related causes of importance were as follows:
46B
46B Carcinoma of stomach (metastatic)
 Primary seat unknown
 Other contributory causes of importance:
46B
46B Carcinoma of colon

Name of operation *Adrenalectomy + colostomy* Date of *2/27/32*
 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? *No*
 If so, specify

(Signed) *Charles Dale* M. D.
 (Address) *3720 Washington*

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.

