

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

Do not use this space.

13903

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 1170 File No. _____
 Township Central, Primary Registration District No. 6248th Registered No. 83
 City Richmond Heights (No. St. Mary's Hospital, St. _____ Ward _____)

2. FULL NAME

Anna Furman,
 (a) Residence, No. 5606 Maple St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Furman,

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62 Unknown

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. Housewife 235
 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) Volkovia, Russia, 23

FATHER 13. NAME Samuel Shenker,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia,

MOTHER 15. MAIDEN NAME Esther Rifka,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia.

17. INFORMANT (ADDRESS) Nathan Furman 210B 5606 Maple av

18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) Chapel of St. Emile DATE 4/7/32, 19 _____

19. UNDERTAKER (ADDRESS) H. G. Berger 4715 Lornerson av

20. FILED 4/7 19 32 6 Jeram Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th, 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 5:45 P.M.

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

Struck by Street car while a pedestrian. Date of onset 4/6/32

2:00 2:07 PM
 Other contributory causes of importance: Fractured skull 246
(5)

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Violence Date of injury 4/6 1932

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Street car
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) John Clancey _____, M. D.
 (Address) Overland, Mo.
James E. Jones 58

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 29 1932

