

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

Do not use this space.

14634

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St. Louis, Mo.** (No. **General Hospital**) St. Ward)

File No.
Registered No. **3090** Ward)

2. FULL NAME

(a) Residence, No. **Sobel Sherman** St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **29** yrs. mos. ds. How long in U. S., if of foreign birth? **29** 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. Sherman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE about 55	YEARS —	MONTHS —
	DAYS —	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
	10. Date deceased last worked at this occupation (month and year) 3-15-33
	11. Total time (years) spent in this occupation 35 1/2

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

13. NAME **Joshua Wasserman**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mo. David Kreckum**
(ADDRESS) **1530 Clara Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Chapel Smith** DATE **4-2** #33

19. UNDERTAKER **Oxendollar Funeral Director**
(ADDRESS) **44 68 Washington Blvd**

20. FILED **-2 1933** **W. C. ...** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-1**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **3-17**, 19**33**, to **4-1**, 19**33**

I last saw h. a. alive on **4-1**, 19**33**. Death is said to have occurred on the date stated above, at **12:30** m.

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

Broncho-pneumonia
93C
107A
117
Other contributory causes of importance:
Myocarditis Chronic

Date of onset
5-11-33

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? **No**
If so, specify.....

(Signed) **Henry ...**, M. D.
(Address) **General Hospital, St. Louis, Mo.**

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.

