

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

Do not use this space.

38443

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 2013
Jewish Hospital

File No.
Registered No. 10105
St. Ward)

2. FULL NAME

(a) Residence, No. 4961 Laclade - St. 14 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 20 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 998
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER FATHER 13. NAME John Shore

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

MOTHER 15. MAIDEN NAME Hannah Frank

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

17. INFORMANT Minnie Shore
(ADDRESS) 4961 Laclade

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Cem DATE Nov - 25 - 1933

19. UNDERTAKER Pullman Bros -
(ADDRESS) 1716 N. Grand Blvd

20. FILED 25 1933
J. B. Brebeck
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 29, 1933 to 11 - 22, 1933

I last saw h. ex alive on 11 - 22, 1933 Death is said

to have occurred on the date stated above, at 10:25 a.m.

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

Gangrene of Both Legs
(Embolism to both femoral
arteries) Date of onset 17 mos.

Other contributory causes of importance:

Arteriosclerosis 5 years
Paralysis Right 4 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Carl Siefert, M. D.

(Address) Jewish Hospital

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.

