

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Co Registration District No. 790  
 Township Central Christian Primary Registration District No. 6033 a  
 City Kirkwood, Mo. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
Sam German

File No. 21774  
 Registered No. 187  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 607 Harrison St. \_\_\_\_\_ Ward. Kirkwood 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 Male 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 Sadie German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 68

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cap. Mfg.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 13 yrs.

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

13. NAME Hickerson

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

15. MAIDEN NAME Hickerson

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

17. INFORMANT (ADDRESS) Max Jennings

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Shil Emeth DATE 6-8

19. UNDERTAKER (ADDRESS) H. Rindorf

20. FILED 6/8 1934 Robert J. Humbert Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7/34 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1934 to \_\_\_\_\_, 1934.  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1934. Death is said to have occurred on the date stated above, at 10:45 am

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

Chr. diabetes melitis, Chr. Interstitial nephritis, chr. hypertension, Chr. myocarditis.

OVER 59  
 Other contributory causes of importances:  
Chr. albuminuria, Block heart, Cardiac decompensation.  
 Duration from history Several mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Coroner's view an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934  
 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 Yes 6/7/34  
 (Signed) Jeta B. Turner, M. D.  
 (Address) 3718 Jennings Rd  
St. Louis, Mo., D.C.

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. JUL 21 1934

WRITE PLAINLY WITH CAPITALS

Was hospitalized St. Louis Jewish Hospital,  
" Central Hospital,  
and died in St. Louis County hospital.