MAR 5 1935

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

Do not use this space.

6879

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1. PLACE OF DEATH

County ..... Registration District No. 003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1281

City St Louis Mo (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Sarah Alt

(a) Residence, No. 2615 Gamble St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 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: Sam Alt

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

7. AGE: YEARS about 46 | 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.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): Feb 4 1935
11. Total time (years) spent in this occupation: 10 yrs

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

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Sam Alt 2615 Gamble

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chevrah Kadisha DATE 2-6 1935

19. UNDERTAKER (ADDRESS): Oxenhandler Funeral Directors Inc 4469 Washington Blvd

20. FILED 3-6 1935 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1935, to 2/5, 1935

I last saw her alive on 2/5, 1935. Death is said to have occurred on the date stated above, at 1:20 P.m.

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

Bronchopneumonia — Date of onset 3 days

primary - no other cause

Other contributory causes of importance:

Name of operation: None 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? .....

If so, specify No

(Signed) Harry Cegress M.D.

(Address) Jewish Hospital, St Louis

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.

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