MAR 3 1936

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

Do not use this space.

8454

791

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File No.

Registered No. 2136

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

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

2. FULL NAME Mrs. Fanny Slumpsky or Schlamkis

(a) Residence, No. 1393 Burd St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Oscar Slumpsky or Schlamkis

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

7. AGE: about 51 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): 12-35
11. Total time (years) spent in this occupation: 30 yrs

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

FATHER

13. NAME: Ezrica David Rivinsky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

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

17. INFORMANT (ADDRESS): Oscar Schlamkis or Slumpsky 1393 Burd

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chevrah Kadisha ~~Chesed Shel Emeth~~ DATE 2-28 1936

19. UNDERTAKER (ADDRESS): Odenhandler Funeral Dir 4469 Washington

20. FILED FEB 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1936, to 2-27, 1936

I last saw her alive on 2-27, 1936. Death is said to have occurred on the date stated above, at 6 15/A m.

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

	Date of onset
Gonorrheal arthritis	
Pulmonary edema, acute	

Other contributory causes of importance: 35

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) [signature], M. D.

(Address) [signature]