

JUL 27 1936

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

Do not use this space.

24070 ✓

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township Ferguson Primary Registration District No. 4468
City Robertson, Mo. (No. Jewish Sanitarium) St. _____ Ward)

File No. _____

Registered No. 112

2. FULL NAME

(a) Residence, No. 5850 Roosevelt W. St. St. Louis 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 - 1901

7. AGE YEARS 34 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Ely Horlick

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sam Bronfin

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE June 8 1936

19. UNDERTAKER H. Pinseloff (ADDRESS) 5216 Belmont

20. FILED 6/8 1936 W.A. Zeitler Registrar.

Red C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1936

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1934, to June 6, 1936

I last saw her alive on June 6, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Pulmonary Tuberculosis
23

Other contributory causes of importance: Laryngeal Tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? cli 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 _____ (Signed) Philip Siewer, M. D.

(Address) Jewish Sanitarium

Robertson, 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.

