

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

Do not use this space.

32861

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis** (No. **Jewish Hosp**)

File No. ....

Registered No. **8742**

St. .... Ward)

2. FULL NAME **Mollie Altman**

(a) Residence, No. **1438 E Grand** St., **9** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **43** yrs. mos. ds. How long in U. S., if of foreign birth? **43** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 23**, 19**36**

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

22. I HEREBY CERTIFY, That I attended deceased from **7/27**, 19**36**, to **8/23**, 19**36**

I last saw **her** alive on **8/23**, 19**36** 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**act. 72** **5** **-** **-**

**Adenocarcinoma of the breast** Cause of death **Common of old age**

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) **July 1936** 11. Total time (years) spent in this occupation **49**

Other contributory causes of importance: **HBP**

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

13. NAME **Sam Matmel**

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

15. MAIDEN NAME **Ukrainian**

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

17. INFORMANT **Sam Altman** (ADDRESS) **3546 Clara**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chestnut Hill Cemetery Aug 24, 36**

19. UNDERTAKER **Chenhard & Thompson** (ADDRESS) **4469 Washington**

20. FILE **AUG 24 1936** Registrar. **J. F. Bredeck**

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?.....  
If so, specify..... (Signed) **J. M. Mueser**, M. D.

(Address) **James 1027 1/2**

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.

