CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 29 1937

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

Do not use this space.

42387

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 210
City Robertson (No. Jewish Sanitorium St. Ward)

2. FULL NAME FAY PEARL
(a) Residence, No. 1023 - No. 17th St., 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): DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25, 1903

7. AGE: YEARS 33 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: wholesale iron Co.
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): New York

FATHER
13. NAME: Louis Pearl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galicia Poland

MOTHER
15. MAIDEN NAME: Tillie Schoen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Louis Pearl 1023 n. 17

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hevre Kedisha DATE: Nov. 9, 1936

19. UNDERTAKER (ADDRESS): A B Burger 4715 McPherson

20. FILED 11-7, 1936 W A Zierler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1929, to November 5, 1936
I last saw her alive on November 5, 1936. Death is said to have occurred on the date stated above, at 11:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation: Thoracoplasty Date of 10/22/36
What test confirmed diagnosis? Was there an autopsy?

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) Selig Simcoe, M. D.
(Address) Jewish Sanatorium Robertson, Mo.