

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Jewish Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **8732**  
Registered No. **2196**

2. FULL NAME **Goldie Blitz**

(a) Residence, No. **1464 Laurel** St. **6** Ward **1**  
(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 **Manuel Blitz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 10, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**40** **11**

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.  
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) **St. Louis Mo.**

13. NAME **Morris Blitz**

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

15. MAIDEN NAME **Masia Berg**

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

17. INFORMANT **Manuel Blitz**  
(ADDRESS) **1464 Laurel**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Chesed Shel Emet** Feb. 22 1937

19. UNDERTAKER **Herman Hindshyuf**  
(ADDRESS) **5216 Delmar Blvd.**

20. FILED **FEB 23 1937**  
**J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 21, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 2, 1937** to **Feb 21, 1937**  
I last saw him alive on **Feb 20, 1937** Death is said to have occurred on the date stated above, at **6:30 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Pulmonary Embolism** **2/21/37**  
**Results of Pleurisy**  
**Ob**  
Other contributory causes of importance:  
**Endocarditis Subacute**  
**Pleuritic effusion** **2/5/37**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Chemical** 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) **Sister Teicholsky**, M. D.  
(Address) **462 N. Taylor**

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