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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG - 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 File No. 25289

Township ..... Primary Registration District No. 1003 Registered No. 6463

City St. Louis (No. 5861 Cates (Nursing Home) St. ..... Ward)

2. FULL NAME Eva Weisberg

(a) Residence, No. 1438 E Grand St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Unknown

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

7. AGE: YEARS ab. 78 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. At Home
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): Hungary

FATHER

13. NAME: (UNK)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (UNK)

MOTHER

15. MAIDEN NAME: (UNK)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (UNK)

17. INFORMANT (ADDRESS): H. I. Berger 4715 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 7/4 1937

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED JUL 4 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1937, to June 28, 1937

I last saw her alive on June 28, 1937. Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
Inanition	
Cardiac decompensation	
Auricular fibrillation	

Other contributory causes of importance:

Fractured hip (right)	March 24 1937
— intertrochanteric	

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? Accident Date of injury 3/24, 1937

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home, fell down stairs

Manner of injury Fall

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Max Goldenberg 1444, M. D.

(Address) 216 S. Kingshighway

186a