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

Do not use this space.

3305

File No. C 916

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1300 Morgan St. ..... Ward)

**2. FULL NAME** Louis Sam

(a) Residence. No. 1300 Morgan St., 25 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt. - May 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| abt. 54 | 7 | — | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher & Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Macedonia

PARENTS

10. NAME OF FATHER Simon Sam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Macedonia

12. MAIDEN NAME OF MOTHER Floyda Dimova

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Macedonia

14. INFORMANT Mary Stevoff
(Address) Rockwood Pa

15. FILED Jan 26, 1927 Max C Starkloff
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/22 1927

17.
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h. alive on Unknown, 19....., and that death occurred, on the date stated above, at 6-20 A., ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot Wound of Neck
195
Homicide (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1957
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? .....

1/26, 1927 (Signed) H M Frank, M. D.
(Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Granite City | 1-30 1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| Ed Meroc | Granite City |

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.

WRITE PLAINLY, WITH UNFADING INK. DO NOT ERASE. PRESERVE RECORD.