

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

Do not use this space.  
**3170**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Jerush**, No. **789**)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Abraham L. Spritz**  
 (a) Residence. No. **5837 1/2** **Latimer** Ward. **11**  
 (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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widower**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 4 = 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
**63**      **5**      **17**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **carpenter**  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) **Volhynia**  
 (STATE OR COUNTRY) **Russia**

10. NAME OF FATHER **Helf Spritz**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Russia**  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER **Estlie Charlotte (unk)**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Russia**  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT **Jan Spritz**  
 (Address) **1870 W. 29 St. Louis**

15. FILED **Jan 22 1928** **Mar 6 Starosoff**  
 REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 21 1928**

17. I HEREBY CERTIFY That I attended deceased from **Jan 19**, 19**28**, to **Jan 21**, 19**28** that I last saw him alive on **Jan 21**, 19**28**, and that death occurred, on the date stated above, at **7 P** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Cerebral Myocarditis**

**93C**  
 (duration) ? yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) **9010?**  
 (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. **no** STATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY. **no**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Paul Murphy** M. D.  
 , 19 (Address) **Jewish Hospital**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Chesed Shel Emeth** DATE OF BURIAL **1/22 1928**

20. UNDERTAKER **H B Berger** ADDRESS **475 1/2 McPherson**

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.

DEPARTMENT RECORD

