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

Do not use this space.

6695

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1519

City St Louis Mo (No. Christon Hospital St. ..... Ward)

2. FULL NAME Sam Bratman

(a) Residence. No. 4319 Lexington Chicago Ill St., 10 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. 7 ds. How long in U.S., if of foreign birth? 30 yrs. 10 mos. 13 ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Rosette Bratman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 1893

7. AGE: 36 YEARS | MONTHS: 10 | DAYS: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods
(c) Name of employer: Palmer Novelty Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Lewis Bratman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Minsk Russia
12. MAIDEN NAME OF MOTHER: Sarah Lefkowitz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Minsk Russia

14. INFORMANT: Benj. A. Levinson
(Address) 25 N. 6 St Louis Ave

15. FILED ....., 19.... Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1930, to Feb 12, 1930 that I last saw him alive on Feb 12, 1930, and that death occurred, on the date stated above, at 8:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Suppurative
121A Gangrenous, Ruptured,
93C Appendicitis
Chronic (duration) X yrs. X mos. 6 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) X yrs. X mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 8-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Howard M. Foster, M.D
, 19 (Address) 4068 St. Louis Ave

*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: Kansas City, Mo
DATE OF BURIAL: 2-13-1930

20. UNDERTAKER: Benhandler
ADDRESS: 4822 Eaton

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.

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4319 Lexington
Chicago