

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

Do not use this space.

13817

1. PLACE OF DEATH  
 96 County St. Louis Central Registration District No. 789  
 Township Robertson Primary Registration District No. 6033(B)  
 City Robertson, Mo. (No. Jewish, Seinteman) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hyman Protzel  
 (a) Residence. No. 114 1/2 Montclair ave., St. Louis Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 124  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 Rose Protzel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>about 64</u>	<u>—</u>	<u>—</u>	<u>—</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Trunk worker 95  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Herbert & Meissel Trunk Co

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Yisroel Shalom Protzel

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

12. MAIDEN NAME OF MOTHER Unknown

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 20, 1932

17. I HEREBY CERTIFY, That I attended deceased from October 3, 1932 to April 20, 1932 that I last saw him alive on April 20, 1932, and that death occurred, on the date stated above, at 12:15 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A  
 (duration) 5 yrs. mos. ds.  
 CONTRIBUTORY Laryngeal tuber. (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (IF NOT AT PLACE OF DEATH) (C)

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory

(Signed) Henry Brown per S. Katz, M. D.

4/20, 1932 (Address) Jewish Parrot Robertson, Mo.

\*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.

14. INFORMANT Irvin Protzel (Address) 4064 1/2 Lafayette Ave

15. FILED 4/21, 1932 Jolla Gray REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chesed Shel Emeth DATE OF BURIAL April 24 1932

20. UNDERTAKER Oxhandler ADDRESS 4469 Washington

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.

APR 29 1932

TOP SECRET