WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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. 30812

Township ..... Primary Registration District No. 1003 Registered No. 8521

City St. Louis (No. 625 Skinker Blvd St. ..... Ward)

2. FULL NAME Isaac K. Watelsky

(a) Residence, No. 625 Skinker Blvd St., 5 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1852

7. AGE YEARS abt. 80 MONTHS 8 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

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) Poland

FATHER

13. NAME Could not be ascertained

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) H. E. Watelsky 46 Broadman Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Sinai DATE Sept 23, 1932

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

20. FILED SEP 22 1932, 19 [signature] Registrar. 9/22/32

MEDICAL CERTIFICATE OF DEATH

Found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 00 a.m.

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

Shock & Injuries (Fractured Skull) received in fall from window at 625 Skinker Blvd 9/22

Date of onset

Other contributory causes of importance:

169 Suicide 7

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? ..... Date of injury 9/22 1932

Where did injury occur? Home No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall from window

Nature of injury Fractured skull

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

If so, specify .....

(Signed) [signature], M.D.

(Address) Dogs Corners