

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

Do not use this space.

14516

1. PLACE OF DEATH

County St. Louis
Township Central
City University City (No. 6319)

Registration District No. 1160
Primary Registration District No. 4470

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6319 Clemens St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Pocras

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 59

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Russia

13. NAME Ben Samuelson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ben Pocras (ADDRESS) 6319 Clemens

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Shell Creek DATE April 16 1933

19. UNDERTAKER Herman Rindstaf (ADDRESS) 5216 Belmont Blvd

20. FILED Apr 15 1933 Leola D. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1933

22. I HEREBY CERTIFY, That I attended deceased from November 7 1922 to April 14 1933
I last saw him alive on April 14 1933 Death is said to have occurred on the date stated above, at 9:55 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset 4-10-33
930
930
Other contributory causes of importance: Myocarditis (Chronic) ?
Acute Myocarditis 1929

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. D. Heuzey M. D.
(Address) 310 Hall Bldg St. Louis

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.

MAINTAIN RESERVED FOR BINDING

APR 28 1933

1238
229
23
23

