

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

Do not use this space.

28455

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000**
City **St. Louis Mo** (No. **City Hospital**)

File No.....
Registered No. **6811**
St. Ward)

2. FULL NAME

Max emichel Shatzman
(a) Residence, No. **4851-Page Blvd** St. **6** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **32** yrs. mos. ds. How long in U. S., if of foreign birth? **35** yrs. mos. ds.

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 Sophia Shatzman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS about 63	MONTHS -	DAYS -
If LESS than 1 day, hrs. or min.		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Garment Press**
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) **1912**
11. Total time (years) spent in this occupation **30 yrs**

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

MOTHER FATHER
13. NAME **Louis Shatzman**

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

15. MAIDEN NAME **Chana Dubri-Milstein**

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

17. INFORMANT **Louis Shatzman**
(ADDRESS) **4729 1/2 Hawthorn Place**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Chapel Shelbourn** DATE **Aug. 7 1933**

19. UNDERTAKER **Openhandler Funeral Directors**
(ADDRESS) **456 1/2 Washington ave**

20. FILED **AUG -6 1933** 19 **J. J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **11:00 AM** to **11:00 AM**, 19.....

I last saw h..... alive on **320 AM** Death is said to have occurred on the date stated above, at **320 AM**.

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

210M
Fractures of skull
Abdominal injuries received when struck by auto in St. Louis, Mo
Other contributory causes of importance:
Deceased was pedestrian
accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **accident** Date of injury **8-16 1933**

Where did injury occur? **St. Louis, Mo** (Specify city or town, county, and State)

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

Manner of injury **struck by auto**
Nature of injury **fractures of skull**

24. Was disease of injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **J. J. Bredeck**
(Address) **456 1/2 Washington ave**

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.

