

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

Do not use this space.

DEC 20 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 333
 Township St. Louis Primary Registration District No. 4468
 City Robertson, Mo. (No. Jewish Sanatorium) St. _____ Ward _____

File No. 37190

Registered No. 176

2. FULL NAME

Samuel Willich
 (a) Residence, No. 1400 Block on Ave St. Louis Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? 15 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 Sarah Willich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-15-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 11 1

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Women's app.

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 34

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

13. NAME Shimon Benoch. Willich

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

15. MAIDEN NAME Gaga

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

17. INFORMANT Ben Willich
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chevrak Kadisha DATE Nov-17-1935

19. UNDERTAKER Oxehandler Burial Dept
 (ADDRESS) 4468 Washington Blvd

20. FILED 11/17/35, 19 St. Louis Registrar W. A. Zwick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st - 1935, to Nov 17 - 1935
 I last saw him alive on Nov 17 - 1935. Death is said to have occurred on the date stated above, at 8:30 m.

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

Terminal Bronchopneumonia Date of onset 11-12-35
Arteriosclerotic Ht disease
Arteriosclerotic gangrene
 Other contributory causes of importance:
Arteriosclerotic Ht disease 7 yrs
Arteriosclerotic gangrene 4 mos

Name of operation _____ Date of _____

What test confirmed diagnosis? Spec. of 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) A. Arnold Kappan M. D.
 (Address) Robertson Mo.

W. A. Zwick Registrar W. B. Smith

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.

JUN 5 1942

JUL 21 1942