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.

MAY 7

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

Do not use this space.

17373

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 4137

2. FULL NAME Louis Robert Wyner

(a) Residence, No. 7133 Amherst St., N R Ward. U. City Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Wyner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1894

7. AGE: YEARS 42 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) St. Louis

FATHER

13. NAME Isaac Wyner

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

MOTHER

15. MAIDEN NAME Mary Sacks

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

17. INFORMANT (ADDRESS) Mrs Ida Wyner 7133 Amherst

18. BURIAL, CREMATION, OR REMOVAL PLACE Likesed Shel Emeth DATE 4/16 1936

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

20. FILED APR 15 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to April 14, 1936

I last saw him alive on April 14, 1936. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

	Date of onset
Lung Abscess Lt (Post tonsillectomy)	Jan 1936
115a	

Other contributory causes of importance:

Name of operation Cautery pneumectomy Date of operation 3/30/36 4/9/36

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 ....., 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? no

If so, specify .....

(Signed) E. G. Graul, M. D.

(Address) Barnes Hospital