

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.

AUG 18 1936

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

Do not use this space.

28436

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. Jewish Hospital)

Registration District No. 791
Primary Registration District No. 1008

File No. _____
Registered No. 7200
St. _____ Ward _____

2. FULL NAME Payson Spector

(a) Residence, No. 1251 Bayard St. 12 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1933.

7. AGE YEARS 3 MONTHS _____ DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER
13. NAME Sam Spector

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

MOTHER
15. MAIDEN NAME Mollie Berg

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Sam Spector (ADDRESS) 1251 Bayard

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emet DATE July 14 1936

19. UNDERTAKER Herman Rindshuf (ADDRESS) 5716 Delmar Blvd.

20. FILED JUL 14 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/17/36 to 7/19 1936

I last saw him alive on July 19 1936 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

He Sun stroke 7/13/36
Brain injury (trauma)
at 6 hours before death

Other contributory causes of importance: _____

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 _____ 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) Laurice Goldman, M. D.
(Address) West 1500

