AUG 18 1936

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

Do not use this space.

791

28704

1003

7470

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 7470

Township ..... Primary Registration District No. ..... Registered No. 7470

City St. Louis, Mo. (No. 1915a Semple Ave. St. ..... Ward)

2. FULL NAME Sam Gittel

(a) Residence, No. 1915a Semple Ave. St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~or WIFE OF~~) Rochol Gittel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 54			

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July, 16, 36. 11. Total time (years) spent in this occupation 25

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

FATHER

13. NAME Ely Gittel

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

MOTHER

15. MAIDEN NAME Hysora Tuvel

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

17. INFORMANT Max Gittel
(ADDRESS) 1915a Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE July, 17 1936

19. UNDERTAKER Oxenhandler Funeral Directo
(ADDRESS) 4469 Washington Blvd.

20. FILED JUL 17 1936, 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY That I attended deceased from April 1936, to July 16, 1936

I last saw h. ~~alive~~ alive on July 16 1936 Death is said to have occurred on the date stated above, at 9:00 P. m.

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

	Date of onset
Chronic Myocarditis	1926
Other contributory causes of importance:	
Bronchial Asthma	1916
Arterio-sclerotic heart disease	1926

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) Ko. J. Hanlon, M. D.

(Address) 1900 Belt

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.

WRITE PLAINLY, WITH UNFADING INK. IT IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ... Registration District No. ...

City ... No. ... Primary Registration District No. ... Ward ...

Hospital ...

2. FULL NAME ...

(a) Residence. No. ... (Usual residence of decedent if institution) ... Inside city limits? ...

Length of time at usual residence ... yrs. ... How long in U. S. ... If alien, give country ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ...

4. COLOR OR RACE ...

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ...

6. DATE OF BIRTH (Month, day, and year) ...

7. AGE ... Years ... Months ... Days ... If less than 1 day, hours ... min. ...

8. OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, weaver, etc. ...

b. Industry or place in which work was done, as silk mill, farm, etc. ...

9. BIRTHPLACE (City or town) (State or country) ...

10. CITIZEN OF WHAT COUNTRY ...

11. Father's name ...

12. Maiden name of mother ...

13. Informant ...

14. Where did deceased die? ...

15. Was death due to accident, suicide, or homicide? ...

MOTHER'S MAIDEN NAME ...

16. Place of death (Name of institution or street and number) ...

17. Was death caused by injury received while at work? ...

18. Was death due to accident, suicide, or homicide? ...

19. Date of injury ...

20. Place of injury (Specify whether at home, factory, street, farm, etc.) ...

21. Nature of injury ...

22. Was injury caused by another person? ...

23. Was injury caused by accident, suicide, or homicide? ...

24. Was injury caused by railroad? ...

25. Was injury caused by street car? ...

26. Was injury caused by other conveyance? ...

27. Was injury caused by fire? ...

28. Was injury caused by explosion? ...

29. Was injury caused by poison? ...

30. Was injury caused by drowning? ...

31. Was injury caused by firearm? ...

32. Was injury caused by cutting or piercing instrument? ...

33. Was injury caused by other specified accident? ...

34. Was injury caused by other specified violence? ...

35. Was injury caused by other specified cause? ...

36. Was injury caused by unknown cause? ...

37. Was injury caused by suicide? ...

38. Was injury caused by homicide? ...

39. Was injury caused by war? ...

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