

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

Do not use this space.

**OCT 5 1936**

1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. ....) City Sanitarium ..... St. .... Ward .....

**36113**  
 File No. ....  
**9756**  
 Registered No. ....

2. FULL NAME **Sam Spiros**

(a) Residence, No. **2607 Market St** St. **21** Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>About 1890</b>		
7. AGE YEARS <b>About 46</b>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Shoe-cutter</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Shoe Mfg.</b>		
10. Date deceased last worked at this occupation (month and year) <b>About 1922</b>		
11. Total time (years) spent in this occupation <b>20</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Greece</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Greece</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Greece</b>		
17. INFORMANT <b>M. H. Appel, M.D.</b> (ADDRESS) <b>5400 Arsenal St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Mathew's</b> DATE <b>Sept 26, 1936</b>		
19. UNDERTAKER <b>Chubick's</b> 1716 So. Jefferson (ADDRESS)		
20. FILED <b>SEP 25 1936</b> <b>J. F. Bredeck</b> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 24, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1936 to Sept. 24, 1936**

I last saw him alive on **Sept. 24, 1936** Death is said to have occurred on the date stated above, at **9:40 A.M.**

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

**Bismuth Intoxication following injection of Beck's Paste (Bismuth) into Psoas Abscess** Date of onset

~~Uremia~~ **8-19-36**

**Uremia** **9-20-36**

**Gastro-Enteritis (Bismuth)** **9-18-36**

Other contributory causes of importance:  
**Stomatitis (Bismuth)** **9-26-36**  
*Uremia & Enteritis and Stomatitis caused by bismuth injection*

Name of operator ..... 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 **Uremia**  
 (Signed) **M. H. Appel** M. D.  
 (Address) **5400 Arsenal**

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.

THIS IS A PERMANENT RECORD

