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.

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

Do not use this space.

FEB 8 1937

791

1003

File No. 3246

Registered No. 272

1. PLACE OF DEATH

96 County ..... Registration District No. .....

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

35 City St. Louis (No. 1438 E. Grand St. ..... Ward)

2. FULL NAME Sam Spector

(a) Residence, No. 1438 E. Grand St., 9 Ward. 9 (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
ab 74			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe 84

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) Volhynia U.S.S.R. 23

FATHER

13. NAME Oser Spector

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 23

MOTHER

15. MAIDEN NAME Sarah Rachel (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 23

17. INFORMANT (ADDRESS) Mrs. Bessie Spector 1438 E Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chesed Shel Emeth DATE 1/7 37

19. UNDERTAKER (ADDRESS) [signature] 4715 McPherson

20. FILED JAN 7 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to 1/5, 1937

I last saw him alive on 1/5, 1937. Death is said to have occurred on the date stated above, at 7 A m.

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

	Date of onset
Chr. Myocarditis	?
93C	
Other contributory causes of importance:	
Chr. Bronchitis	?
Emphysema Non T B	?

Name of operation None Date of .....

What test confirmed diagnosis? Physical 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) E. Segaloff M. D.

(Address) 642 Mo. Bldg.