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

1. PLACE OF DEATH
County
Township
City St. Louis (No. 4528 Easton St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 4109
Registered No. 1152

2. FULL NAME Abraham Spetner
(a) Residence, No. 4528 Easton St., 11 Ward. 1
(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: Rose Raskas Spetner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 22, 1888

7. AGE: YEARS 48 | MONTHS 9 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Ins.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140
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): Minsk U.S.S.R. 23

FATHER
13. NAME: Simon Spetner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R. 23

MOTHER
15. MAIDEN NAME: Naomi Shifron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R. 23

17. INFORMANT (ADDRESS): Mrs. A. Spetner 4528 Easton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 1/26/37, 19

19. UNDERTAKER (ADDRESS): H B Berger 4715 Mt Pleasant

20. FILED JAN 26 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 25, 1937
I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 11 40 p m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion — Date of onset 1-23-37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Joseph Magidson, M. D.
(Address) 520 Westgate University City, Mo.