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 ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. 4196

Registered No. 1240

2. FULL NAME Abraham Trachtman

(a) Residence, No. 1367 Montclair St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	1	2	

OCCUPATION

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

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) (STATE OR COUNTRY) Jerusalem Palestine 30

FATHER

13. NAME Benj. Trachtman

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

MOTHER

15. MAIDEN NAME Ida Horowitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerusalem Palestine

17. INFORMANT (ADDRESS) REV. Benj. Trachtman 1367 Montclair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 1/29/37 19

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson

20. FILED 19 J. Biedeck Registrar.
JAN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937, to Jan 27, 1937

I last saw him alive on Jan. 27, 1937 Death is said to have occurred on the date stated above, at 4 a.m.

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

Staphylococcus albus Septicemia 154 — Date of onset 1/17/37

Other contributory causes of importance:
Acute osteomyelitis of tibia
Fibula Non TB.

Name of operation Incision & Drainage of Abscess Date of Jan. 17-1937

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?
If so, specify

(Signed) I. C. Meier, M. D.

(Address) Jewish Hospital