

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

FEB 8 1937 ⁷⁹¹
Registration District No. 1003
Primary Registration District No. American Hospital

File No. 4197
Registered No. 1241
St. _____ Ward _____

2. FULL NAME Sam Kelner

(a) Residence, No. 5244 Kensington St., 12 Ward. 1

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. (If nonresident, give city or town and State)

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 Edith Kelner

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Hegler #6

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

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) Odessa U.S.S.R.

13. NAME Hyman Isaac Kelner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. #3

15. MAIDEN NAME Goldie (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. #3

17. INFORMANT Mrs. Edith Kelner
(ADDRESS) 5244 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 1/28/37

19. UNDERTAKER H. B. Berg
(ADDRESS) 4715 Mt. Pleasant

20. FILED JAN 28 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Jan 26 1937
I last saw him alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 10:19 p.m.

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

Apoplexy - Cerebral Sclerosis

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) Walter J. Hayes, M. D.
(Address) 2700 - A - Taylor

Coffin 6852

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.

