APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 13521

Township Clayton — Primary Registration District No. 60334 — Registered No. 65

City Clayton (No. County Hospital St. Ward)

2. FULL NAME Sam Mandel

(a) Residence, No. 749 Westgate St., Ward. (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 Rebecca Mandel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	59	9	8	

OCCUPATION

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

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

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) Zhitmar U.S.S.R.

FATHER

13. NAME Isaac Mandel

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

MOTHER

15. MAIDEN NAME Hannah (unk)

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

17. INFORMANT (ADDRESS) Manne Mandel 769 Syracuse

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 2/15/37, 19

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED Feb 15, 1937 Dr A J Sequoville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/12/37, 19, to 2/14/37, 19

I last saw him alive on 2/14/37, 19 Death is said to have occurred on the date stated above, at 1.55 A.M.

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

	Date of onset
~~Basal Fracture of Skull~~	~~2/12/37~~
Street car accident (Struck by a street car while standing near street car tracks on public highway.	2/12/37

Other contributory causes of importance:

Fractured Skull (basal)	2/12/37

Name of operation None Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/12/37

Where did injury occur? Clayton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Struck by street car

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John D Connell, M. D.

(Address) Coroner of St Louis County

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.

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