

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

Do not use this space.

**1. PLACE OF DEATH** JUN 29 1937  
 County St. Louis Registration District No. 333  
 Township St. Ferdinand Town Primary Registration District No. 44.68  
 City Robertson (No. Jewish Sanatorium) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Moritz Samet  
 (a) Residence, No. 2518 S. Broadway Ward. St. Louis, MO.  
 (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.

File No. 21241  
 Registered No. 99

**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** Gussie Samet

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar 15, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
<u>56</u>	<u>56</u>	<u>1</u>	<u>19</u>			

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

**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)** Poland

**13. NAME** Leo Samet

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Poland

**15. MAIDEN NAME** (Unk)

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Poland

**17. INFORMANT** Mrs. Gussie Samet  
 (ADDRESS) 2518 S. Broadway

**18. BURIAL, CREMATION OR REMOVAL**  
 PLACE Ans. Annona DATE 5/18 37

**19. UNDERTAKER** H. B. Brown  
 (ADDRESS) 4715 McPherson

**20. FILED** 5-18 1937 W. A. Zeithler  
 Registrar. Per G. Smith

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY, That I attended deceased from** March 21, 1937, to May 14, 1937  
 I last saw h. i. m. alive on May 14, 1937. Death is said to have occurred on the date stated above, at 12:32 P. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema and Arteriosclerotic Heart Disease

Other contributory causes of importance: Mitral Stenosis  
Aortic Stenosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? etc. 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?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) John Simpson, M. D.  
 (Address) Jewish Sanatorium

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.

JUL 8 1942