

JUL 31 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
Township Central
City Clayton (No. 6431 Alamo)

Registration District No. 790
Primary Registration District No. 6033

File No. 24872
Registered No. 201
St. _____ Ward _____

2. FULL NAME Ben Fratkin

(a) Residence, No. 6431 Alamo St. _____ Ward _____
(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 Anna Berkow Fratkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1908

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>8</u>	<u>17</u>		

7. OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail shoes
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) St. Louis

13. NAME Kopel Fratkin

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

15. MAIDEN NAME Helen Laskin

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

17. INFORMANT Sam Hyken
(ADDRESS) 716 Dartmouth

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE June 7 1937

19. UNDERTAKER W. B. Berger
(ADDRESS) 4715 Mc Pherson

20. FILED 6/7 1937 Ernest Squarrelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Coronary Occlusion

Other contributory causes of importance: hypertention

Name of operation _____ Date of _____

What test confirmed diagnosis? medical Was there an autopsy? No

23. If death was due to external causes (violence), all 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) John D. Connell, M.D.
(Address) Coroner, St. Louis Co.

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.

