

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

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Do not use this space.

NOV 15 1937

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**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. Jewish Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

**2. PRINT FULL NAME** Samuel Garber

(a) Residence, No. 1438 E. Grand St. 9  
 (Usual place of abode, if no street address, write county or city) (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) widower

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
ab 63.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Rag Buyer  
 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) Volhynia U.S.S.R.

13. NAME Harry Leo Garber

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) L. B. Seligsohn 1206 N. Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth Date 10/27/37

19. FUNERAL DIRECTOR (ADDRESS) H. Berger 4715 Meaderson

20. FILED OCT 27 1937 J. Predeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from October 26<sup>th</sup>, 1937, to October 27<sup>th</sup>, 1937.

I last saw him alive on October 27<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 12<sup>00</sup> P. m.

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

Coronary Occlusion  
94B

Date of onset 10/26/37

Other contributory causes of importance:

Chronic Asthma  
Generalized Arteriosclerosis  
Chronic Emphysema

Name of operation ..... Date of .....  
 What test confirmed diagnosis?  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) Max Gadenberg, M. D.  
 (Address) 216 J. ...

1 X12004  
 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.  
 WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 80  
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