FEB 16 1938

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

Do not use this space.

4192

1. PLACE OF DEATH
County St. Louis 96 Registration District No. 96 File No.
Township Carondelet 96 Primary Registration District No. Registered No. 208
City Koch (No. Koch Hosp. St. Ward)

2. FULL NAME Samuel Square 600
(a) Residence, No. 2208 Adams St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1900
7. AGE YEARS 37 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurel Miss. 2

FATHER
13. NAME Manuel Square 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Deceased
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 12/20/37
19. UNDERTAKER (ADDRESS) David Jan Fossan
20. FILED DEC 20 1937 T R Meyer M.D. Dep. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1937, to 11-30, 1937
I last saw him alive on 11-30-, 1937. Death is said to have occurred on the date stated above, at 6 55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	June 1937
Gastro-Intestinal Tuberculosis	

Other contributory causes of importance:
Spontaneous Pneumothorax Left July 1937

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? yes

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) Albert Kaplan Jr, M. D.
(Address) Koch, Mo.

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.