

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

5324 ✓
Do not use this space.

REC'D MAD 1 4 1938

1. PLACE OF DEATH 1 4 1938
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1969**
(c) City **St. Louis** (d) Street No. **Jewish Hospital** St.
(e) Length of residence in city or town where death occurred **31** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **31** yrs. mos. ds.
2. PRINT FULL NAME **Harry Walkowitz** **423**
(a) Residence, No. **1175 Hamilton** St. **5** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Walkowitz**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**
7. AGE YEARS **about 54** MONTHS DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cigar maker**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **about 1935** 11. Total time (years) spent in this occupation **15 1/2**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
13. NAME **Bezalel Walkowitz**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
15. MAIDEN NAME **Lena Kusner**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
17. INFORMANT **Louis Walkowitz** (ADDRESS) **6437 Alamo**
18. BURIAL, CREMATION, OR REMOVAL PLACE **B'nai Amoona** DATE **Feb. 24, 1938**
19. FUNERAL DIRECTOR **Oppenheimer Funeral Dir** (ADDRESS) **4469 Washington**
20. FILE **FEB 24 1938** **J. D. Budick** (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-24, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Dec 20, 1937** to **Feb 24, 1938**
I last saw him alive on **Feb 23, 1938** Death is said to have occurred on the date stated above, at **12:35 a.m.**
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset
Other contributory causes of importance:
Emphysema
Coronary Thrombosis
Name of operation **Thorotomy** Date of
What test confirmed diagnosis? **Punch** 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) **H. D. Spector** M. D.
(Address) **1111 Club St**

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.

STATEMENT BY LICENSED EMBALMER

I, Willard Z. Openhandler....., Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by..... me

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Willard Z. Openhandler

Licensed Embalmer No. 3669

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1003)

Registration District No. 791
Primary Registration District No. 1003
Jewish Hospital

File No. 5324
Registered No. 1969
St. Ward)

2. FULL NAME

(a) Residence, No. 1173 Hamilton 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 54

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILER J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from, to, 19...

I last saw h..... alive on, 19..... Death is said to have occurred on the, at, m.

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

Protracted pneumonia Date of onset

Other contributory causes of importance:

Emphysema

Coronary Thrombosis

Name of operation Thoracotomy Date of 2-8-38

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) J. D. Spector M. D.
(Address) St. Louis, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 26 1938

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY

Very faint, mostly illegible text, likely a list or report. Some discernible words include:

- PLANT INDUSTRY
- WASHINGTON, D. C.
- Various numbers and names, possibly related to botanical specimens or agricultural products.