JUN 13 1938 REC'D JUL 7 1938

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

Do not use this space.

22951

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township ~~St. Ferdinand~~ — Primary Registration District No. 203 — Registered No. 1020
City Robertson (No. Jewish Sanitarium St. Ward)

2. FULL NAME Abraham Krutchick
(a) Residence, No. 5573 Vernon Ave St., 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. 6 mos. ds. How long in U. S., if of foreign birth? 35 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 Gussie Krutchick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1878

7. AGE: YEARS 60 — MONTHS — 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. Dealer Bauch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale & retail
10. Date deceased last worked at this occupation (month and year) Nov 1937
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER
13. NAME Shimin Krutchik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Chava —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Nathan Krutchick 6728 Clayton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE June 13 1938

19. UNDERTAKER (ADDRESS) Cunhandle Fun Dr 4469 Washington

20. FILED JUN 13 1938 — 4 P Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1937, to June 13, 1938
I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	
81	

Other contributory causes of importance:
Generalized Arteriosclerosis
Pulmonary Emphysema

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) Selig Simons, M. D.
(Address) .....

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-30-36 1 X7294

Statement of Licensed Embalmer

I, Willard Z Oxenhandler, licensed embalmer, no 3669, hereby certify that the body recorded in the reverse side of this certificate was embalmed by myself

Willard Z Oxenhandler
no 3669