

REC'D JUN 12 1939

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

17105
Do not use this space.

791
1008

4639

1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Lutheran Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Spilker
 (a) Residence, No. 4867 Cote Brillante St. 6 (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 (write the word) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Ab. 61

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN)..... Volhynia (STATE OR COUNTRY) Poland 7
 13. NAME Elias Spilker 7
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Poland 7
 15. MAIDEN NAME Augusta Oettman
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Poland

17. INFORMANT Nathan Spilker (ADDRESS) 6800 Kingsbury
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 5/22 1939
 19. FUNERAL DIRECTOR (NAME) H. B. Barger (ADDRESS) 4815 McPherson
 20. FILED MAY 22 1939 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19 1939 to May 20 1939
 I last saw him alive on May 20 1939. Death is said to have occurred on the date stated above, at 11:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset May 19

Other contributory causes of importance:
PH

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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? no
 If so, specify.....
 (Signed) A. M. Grand M. D.
 (Address) 3651 Grand

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....Me.....

.....**Herbert I. Berger**....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....1897.....

P. O. Address.....4715 McPherson.....

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.)

If this body is not embalmed, above space should be left blank.