JUL 12 1939

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

Do not use this space.

JUL 2 4 1939

23275

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township ~~St. Ferdinand~~ — Primary Registration District No. 2100 — Registered No. 1252
City Robertson (No. , Jewish Sanat St. Ward)

2. FULL NAME Joseph Shmuger
(a) Residence, No. 1412 Temple Place 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. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

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

7. AGE — YEARS: About 70 — MONTHS: -- — DAYS: --- — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher
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): Russia

FATHER
13. NAME: David Shmuger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

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

17. INFORMANT (ADDRESS): Jake Shmuger, 6408 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth July 12 1939

19. UNDERTAKER (ADDRESS): Herman Kingdokopf, 5216 Delmar

20. FILED JUL 12 1939 D. R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to July 11, 1939
I last saw him alive on July 11, 1939 Death is said to have occurred on the date stated above, at 9:55a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	

95 b 2

Other contributory causes of importance:
1. Hypertrophic arthritis
2. Scoliosis

Name of operation Laboratory & Clinical 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? No
If so, specify
(Signed) Selig Simon, M. D.
(Address) Medical Director, Jewish Sanatorium, Robertson, Mo

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.

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Chas W. Cooper, Cashier
License # 3830
6216 Delmar