S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

20029

State File No.

Registrar's No. 5660

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12 1
(If outside city or town limits, write "RURAL")

(d) Street No. 5126 Cates 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MICHAEL SPECTOR

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct (Month) 7 (Day) 1883 (Year)

8. AGE: Years 58 Months 8 Days 24 If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Monuments

FATHER
12. Name Jacob Spector
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Bertha Rosenberg
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Joseph Spector
(b) Address 76 Syracuse

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oberhandler Funeral Home
(b) Address 4469 Washington Blvd

19. (a) JUL 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 3 [redacted] minute 00 A.M.

21. I hereby certify that I attended the deceased from June 18, 1942, to July 1, 1942;
that I last saw him alive on June 30, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Spongioblastoma, left temporal lobe, Malignant	3 wks (?)
Due to	
Due to	
Other conditions: Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations
Of autopsy Spongioblastoma, left temporal Pneumonia LLL

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Frederic L. Schoen MD (M. D. or other)
Address 216 So. Kingshighway Date signed 7/1/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed N. B. Gerhandler

Licensed Embalmer No. 3669

P. O. Address 4469 Washington

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, fact should be so stated above.