

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED SEP 4 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (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.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **HARRY SPECTER**
 3. (b) If veteran, name war.....
 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..... **Anna Specter**
 6. (c) Age of husband or wife if alive..... **62** years
 7. Birth date of deceased..... **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

9. Birthplace..... **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Insurance Salesman**

11. Industry or business.....

12. Name..... **Abraham Joseph Specter**

13. Birthplace..... **Lithuania**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah Goldstein**

15. Birthplace..... **Lithuania**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Harry Specter**

(b) Address..... **6019 Waterman Avenue**

17. (a) **Burial** (b) Date thereof..... **8-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **B'Nai Amoona Cem.**

18. (a) Signature of funeral director.....
 (b) Address..... **5216 Delmar Blvd.**

19. (a) **AUG 25 1947** (b) **E. F. Bledsoe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **ood**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6019 Waterman Avenue**
5 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug** day..... **24** hr.
 year..... **1947** hour..... **2** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from..... **Aug 19** 19**47** to..... **Aug 24** 19**47**
 that I last saw him/her alive on..... **Aug 24** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion** **2 hrs**
 Due to..... **Arteriosclerosis**

Due to..... **MI**

Other conditions..... **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsies.....

PHYSICIAN
 Underline the cause of 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.....

23. Signature..... **Russ Wansbach** (M. D. or other)..... **MD**

Address..... **462 N. 1st St.** Date signed..... **8/25/47**

KURT MANSBACHER

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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..... *John Ketter*
Licensed Embalmer No..... *3880*
P. O. Address.....

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.