

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.

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

Do not use this space.  
17775  
File No. \_\_\_\_\_  
Registered No. 4729  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 507  
Township \_\_\_\_\_ Primary Registration District No. 10008  
City St. Louis Mo. (No. Jewish Hospital)

2. FULL NAME

Brusler, Abraham

(a) Residence, No. 1522<sup>1/2</sup> Clara av. St. 6 Ward.

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds. (If nonresident, give city or town and State)

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 Pannie Brusler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1879		
7. AGE YEARS 53	MONTHS 2	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 92		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing		
10. Date deceased last worked at this occupation (month and year) MAY 1931		11. Total time (years) spent in this occupation 25 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Russia 23

13. NAME  
Abraham Brusler

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

15. MAIDEN NAME  
Unknown

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

17. INFORMANT Pannie Brusler (ADDRESS) 1522<sup>1/2</sup> Clara av

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE May 15, 1932

19. UNDERTAKER Opershandler (ADDRESS) 4969 Washington Blvd

20. FILED MAY 14 1932 Jewish Hospital Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1932  
22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1932, to 5-13, 1932.  
I last saw him alive on 5-13-32, 1932. Death is said to have occurred on the date stated above, at 5:45 pm.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis  
Coronary occlusion

Other contributory causes of importance:

930  
942  
Name of operation \_\_\_\_\_ 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? If so, specify \_\_\_\_\_

(Signed) J. Friedman, M. D.  
(Address) Jewish Hospital

