

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

Do not use this space.

20882

1. PLACE OF DEATH

County Registration District No. **792**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo** (No. **Jewish Hospital**) St. Ward)

File No.
 Registered No. **5370**

2. FULL NAME **Samuel Spelky**

(a) Residence, No. **1924 Semples ave., St. 6** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **18** yrs. mos. ds. How long in U. S., if of foreign birth? **29** 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 Zippora Spelky Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS about 64	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shamos 236		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taking care of Temple		
10. Date deceased last worked at this occupation (month and year) May 15, 1932		
11. Total time (years) spent in this occupation 6 months		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23		
FATHER	13. NAME Shol. Dov. Spelky	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
17. INFORMANT Oscar Spelky (ADDRESS) 2507 - 72nd St. East St. Louis		
18. BURIAL, CREMATION, OR REMOVAL PLACE Channah Kadicha DATE June 6, 1932		
19. UNDERTAKER Oxenhardt Funeral Home (ADDRESS) 4469 - Washington Blvd.		
20. FILED UN - 11 15 1932 W. C. Hartley Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-6, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **6-2, 1932 to 6-6, 1932**, 19**32**
 I last saw him alive on **6-6, 1932** Death is said to have occurred on the date stated above, at **6:25 a.m.**
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Ch. Myocarditis
 Other contributory causes of importance:
936
107A 936
 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) **L. J. Friedman**, M. D.
 (Address) **Jewish Hospital**

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.

