

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

Do not use this space.

✓ 27920
File No. _____
Registered No. **7800**

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **107B**
City **St. Louis** (No. **General Hospital**) St. _____ Ward _____

2. FULL NAME

Samuel Subramik (Subranik)
(a) Residence, No. **1386 Burd 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 **11** yrs. mos. ds. How long in U. S., if of foreign birth? **11** 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 ANNIE Subramik		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-23 1904		
7. AGE YEARS 28	MONTHS 2	DAYS 2
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business	
	10. Date deceased last worked at this occupation (month and year) _____ Monday Aug 22, 32	
11. Total time (years) spent in this occupation _____ 7 1/2		

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

FATHER 13. NAME **Max Subramik**

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

MOTHER 15. MAIDEN NAME **Edna Finebloom**

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

17. INFORMANT (ADDRESS)
Joseph Dohin 4015 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE **Church Kadisha** DATE **Aug-26 1932**

19. UNDERTAKER (ADDRESS)
Orenhandler Funeral Director 4469 - 44th St. St. Louis

20. FILED **Aug 26 1932** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 25 1932**

22. WHERE CERTIFIED (Place attended deceased from) _____, 19 _____
at home

I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Fractured skull caused in auto collision at Wabington Ridge area (front of auto)

Other contributory causes of importance: _____
201

2:10 PM
8:20 AM **Accid cert**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury **July 1932**

Where did injury occur? _____ (Specify city or town, county, and State)
Manassas Mo

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury **auto collision**
Nature of injury **Hammorrhage of Brain**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____ M.D.
(Address) **St. Louis**

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.

