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.

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

Do not use this space.

22304

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5038 Maple ave. St. ..... Ward)

File No. 6081

Registered No. .....

2. FULL NAME Samuel Dankner

(a) Residence, No. 5038 Maple ave. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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 Sarah Dankner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE Ab. YEARS 61 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER

13. NAME Joel Dankner

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

MOTHER

15. MAIDEN NAME Sarah —

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

17. INFORMANT (ADDRESS) Morris Dankner 6004 Suburban

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 6/21/34

19. UNDERTAKER (ADDRESS) H B Berger 4715 Pope Pleasant

20. FILED JUN 21 1934 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1934, to June 20, 1934

I last saw him alive on June 20, 1934 Death is said to have occurred on the date stated above, at 6:55 p.m.

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

Arterio-Sclerotic Heart Disease (Coronary Occlusion) 95B 94B

Date of onset Feb 1934

Other contributory causes of importance:

94b

Name of operation 0 Date of .....

What test confirmed diagnosis? Clint Lab Was there an autopsy? 0.

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? 0

If so, specify .....

(Signed) Arthur E. Strauss, M. D.

(Address) Univ. Club Bldg.

Dr Arthur E. ~~Strauf~~
STRAUSS

Univ Club Bldg