

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

Do not use this space.

31367

1. PLACE OF DEATH

County.....

SEP 13 1934

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 5872) Theodosia - Home

File No.

Registered No. **8680**

St. Ward)

2. FULL NAME Harry Shechter

(a) Residence, No. 5872 Theodosia 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 24 yrs. mos. ds.

How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Tires
10. Date deceased last worked at this occupation (month and year) Aug 21 34 11. Total time (years) spent in this occupation 24yo

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

FATHER
13. NAME Isaac Shechter

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 Samuel Shechter (ADDRESS) 5872 Theodosia

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill Emets DATE Aug-28 1934

19. UNDERTAKER Oxendaniel Funeral Parlor Inc (ADDRESS) 4469 Washington Blvd.

20. FILED 16 2d 1934 J. J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 27, 1934

I last saw him alive on Aug 27, 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Chronic Nephritis Date of onset 131

Other contributory causes of importance: Ch. Nephritis

Name of operation 131 Date of operation 131

What test confirmed diagnosis? 131 Was there an autopsy? 131

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) 131

Specify whether injury occurred in industry, in home, or in public place. 131

Manner of injury 131

Nature of injury 131

24. Was disease or injury in any way related to occupation of deceased? 131

If so, specify 131

(Signed) J. J. Bredek, M. D.

(Address) 5720 Easton Ave

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.

10089-11-24-33

