

DEC 3 1936

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

Do not use this space.

43209

1. PLACE OF DEATH

County
Township
City *St. Louis, Mo.* (No. *City Hospital #1*)

Registration District No. **791**
Primary Registration District No. **1002**

File No.
Registered No. **11789**
St. Ward)

2. FULL NAME

Henry M. Schapiro

(a) Residence, No. *917 N. 15th St.* St. *25* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *34* yrs. mos. ds. How long in U. S., if of foreign birth? *40* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lena Schapiro*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 70 - - -

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

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

10. Date deceased last worked at this occupation (month and year) *Nov. 26 '36* 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Romania*

13. NAME *Shloma Schapiro*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Lena Schapiro 917 N. 15th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chesed Shel Emeth* DATE *Nov. 30 1936*

19. UNDERTAKER (ADDRESS) *Deanhandler Funeral Dir. 4469 Washington Blvd.*

20. FILED *NOV 30 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 28 1936*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *2 P.M.*

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

Traumatic Haem due to ruptured spleen, fractured right ribs, left ribs right when struck by auto. when deceased was crossing street on foot.

Other contributory causes of importance:

Name of operation *1945* Date of *2:10 PM*
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? *Yes* Date of injury *11/26 1936*

Where did injury occur? *Public Place* (Specify city or town, county, and State)

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

Manner of injury *all above*

Nature of injury.....

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

If so, specify.....

(Signed) *Harold J. ...* M. D.
(Address).....

C. 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.

