

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

Do not use this space.

28836

1. PLACE OF DEATH  
SEP 10 1937

County.....

Township.....

City..... St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. Jewish Hospital)

File No.....

Registered No. 7469

St. Ward

2. FULL NAME ABRAHAM ARBETTER

(a) Residence, No. 6145 PERSHING St. 5 Ward.

(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. (If nonresident, give city or town and State)

**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) LEAH ARBETTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 25 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
58 11 10

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

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

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) GERMANY

13. NAME JACOB ARBETTER

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

15. MAIDEN NAME LENA HIRSCH

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

17. INFORMANT ESTHER ARBETTER (ADDRESS) 6145 PERSHING

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. OLIVE CEM. DATE AUG. 8 1937

19. UNDERTAKER Herman Rindshof (ADDRESS) 5216 DELMAR BLVD

20. FILED AUG 6 1937 St. Louis

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 5 1937

22. HEREBY CERTIFY, That I attended deceased from 5/5 1936 to 8/5 1937

I last saw him alive on 8/5 1937 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Cancer of lung, primary seat

Date of onset 1936

Other contributory causes of importance: Cancer of liver, pancreas, kidneys

1937

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....., 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? No  
If so, specify.....

(Signed) Fred Cohen, M. D.  
(Address) 1018 1/2 St. Louis

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.

655

WHITE PLAIN, WITH GRADING INSTRUCTIONS IS A PERMANENT RECORD

SI 2764

