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.

REC'D APR 11 1938

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

9054
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2643
(c) City St Louis Mo (d) Street No. Home 5574 - Cote Brilliant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 30 yrs. mos. ds.

2. PRINT FULL NAME Abraham Spivack ~~120~~ 112
(a) Residence, No. 5574 Cote Brilliant Ave St. 6
(Usual place of abode, if no street address, write county or city) (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 Fruma Spivack
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About YEARS 65 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baggage delivery
9. Industry or business in which work was done, as saw mill, bank, etc. Union Station
10. Date deceased last worked at this occupation (month and year) May 3 1937
11. Total time (years) spent in this occupation 1 yrs

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

FATHER
13. NAME Samuel Spivack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Shifra - (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Herman Spivack 5574 Cote Brilliant
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Smith DATE Mar 20 1938
19. FUNERAL DIRECTOR (ADDRESS) Oxenhandler Funeral Auto Inc 4469 Washington Blvd
20. FILED MAR 20 1938 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to March 19, 1938
I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:
Pulmonary hemorrhage
Date of onset
HYB
Other contributory causes of importance:
Lung tumor? (Carcinoma?)
Bronchiectasis.
Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? no
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) Julius Elson, M. D.
(Address) 4500 Olive

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Willard J. Chenhandler, Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Willard J. Chenhandler

Licensed Embalmer No. 3669

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)