

REC'D APR 12 1939

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

9298
Do not use this space.
3058

1. PLACE OF DEATH

(a) County / Registration District No.
(b) Township / Primary Registration District No.
(c) City St. Louis (d) Street No. Jewish Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5768 Westminster St. 8 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Knoxville (STATE OR COUNTRY) Tenn.

13. NAME Sam Samuels

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Nettie Samuels (ADDRESS) 5768 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE 4-2-39, 19..

19. FUNERAL DIRECTOR (NAME) H. Rindeloff (ADDRESS) 5216 Delmar

20. FILED MAR 31 1939 J. D. Rudolph Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938 to March 30, 1939

I last saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Gastric ulcer Date of onset 1938
117a

Other contributory causes of importance: Myocardial degeneration 1934

Name of operation Resection of Stomach Date of March 28, 39
What test confirmed diagnosis? clinical 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) Peter J. Polak M. D.
(Address) 462 N. Taylor

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.

U. I. X18808

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Charles Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address *5216 Delma*.....

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

If this body is not embalmed, above space should be left blank.