

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22682**

JUN 27 1952

318

1003

Registrar's No. **5008**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5008	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 16 3553a Juniata			
3. NAME OF DECEASED (Type or Print) a. (First) AL b. (Middle) _____ c. (Last) SPECTOR			4. DATE OF DEATH (Month) (Day) (Year) 5/31/1952				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (unknown)	9. AGE (In years last birthday) ab 54		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Liquor		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Hyman Spector			13b. MOTHER'S MAIDEN NAME Anna Rothman		14. NAME OF HUSBAND OR WIFE Pearl Spector		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. (UNK)		17. INFORMANT'S SIGNATURE OR NAME Pearl Spector ADDRESS 3553a Juniata			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis ANTECEDENT CAUSES DUE TO (b) None Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis c cardiac Hypertrophy				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X			
22. I hereby certify that I attended the deceased from Jan 6, 1951 , to May 31, 1952 , that I last saw the deceased alive on 5-31, 1952 , and that death occurred at 8:00 am. , from the causes and on the date stated above.							
23a. SIGNATURE Jos. P. Beriman (Degree or title) _____				23b. ADDRESS 1225-no. grand		23c. DATE SIGNED 6-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/3/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) U. City, Missouri	
DATE REC'D BY LOCAL REG. JUN 2 1952		REGISTRAR'S SIGNATURE J. Calvert MD		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 8715 McPherson			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

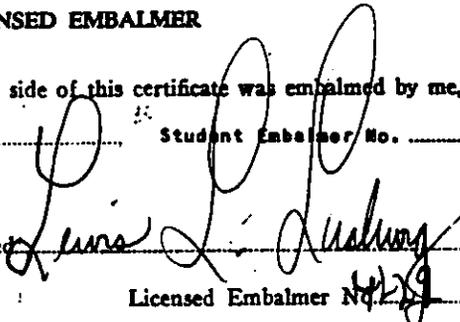
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

State File No. 22682
Local Registrar's No. 5008

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 th day of June, 1952, before me appears.....

Arvin A. Stein, who, upon His oath, states that the original record of ^{Birth} death

for Al Spector, ^{died} May 31, 1952, in the State of

Missouri, and which was filed at St. Louis on June, 1952, should be corrected as follows:

Item No. 11 should read St. Louis, Mo

Instead of Russia

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Merritt Relationship.

Bergin Merritt
Present Address.

Subscribed and sworn to before me this 13 day of June, 1952

June 8, 1952 My Commission expires June 8, 1955 DeLoe Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

