

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36866
State File No. 1003
Registrar's No. 9612

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>6261 Clemens 4331</i>	
c. LENGTH OF STAY (in this place) <i>60 yr</i>		d. STREET ADDRESS (If rural, give location) <i>Annex of The 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jacob</i> b. (Middle) <i>SPECTOR</i> c. (Last) <i>SPECTOR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 18 1952</i>		
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 24 1884</i>	9. AGE (In years last birthday) <i>68</i>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supp. Delivery</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>USSR 6</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Hyman Spector</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Rothman</i>		14. NAME OF HUSBAND OR WIFE <i>Anna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>same</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Chet Spector 6261 Clemens</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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? <i>4201</i>	

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 10:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patriot E Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>10 19 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/20/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chad Shil Smith</i>	
24d. LOCATION (City, town, or county) (State) <i>Annex of Mo</i>					

DATE REC'D BY LOCAL REG. <i>OCT 20 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McBryen Memorial 4715 The Plaza</i>	
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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

J W Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.