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

Do not use this space.

12680

File No. .....

Registered No. 3214

Registration District No. 1003 791

Primary Registration District No. .....

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Samuel Novik

(a) [redacted]idence. No. 1430 Choteau St., 22 Ward. (If nonres[redacted] give city or town and State)
[redacted]ual place of abode)

Length d[redacted]dence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nina Novik

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15. 79

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail Dry goods
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vitebsk
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Simon Novik
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bronia Krupskin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Sol Novik
(Address) 1439 T St. N.W. Washington D.C.

15. FILED ....., 19.... Wm C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1939

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939, to March 13, 1939 that I last saw h[redacted] alive on March 13, 1939, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of liver (Secondary?)

4/6 E

4/6 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Arthur E. Strauss, M. D.

3/14. 1939 (Address) Univ. Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bnai Amoona — DATE OF BURIAL 3/15 1939

20. UNDERTAKER H B Berger — ADDRESS 4710 McPherson

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.

WHITE PAPER, WITH CARBONS, MAKES THIS A PERMANENT RECORD.

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cated by check marks, lacking from the death certificate:

Name: Samuel Novic

Who died at: St. Louis, Mo. on Mar 13, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Cancer of Liver
(Secondary)

Contributory: Primary seat undetermined. Information given over Phone by Dr. A. L. Strauss Div. of V. S. 10-30-29

Where was disease contracted? _____

Did operation precede death? Yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis?

S-12680