

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.

2059 162

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

Do not use this space.

3273

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. Jewish Hospital) St. 6 Ward) (If nonresident, give city or town and State)

2. FULL NAME

Meyer Backer, (also known as Mike Backer)

(a) Residence, No. 1408 Shawmut St., 6 Ward. (If nonresident, give city or town and State)

Length of residence 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 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 Ida Backer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 8

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

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

13. NAME Benjamin Backer

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

15. MAIDEN NAME Hannah Lyton

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

17. INFORMANT Mar J. Backer (ADDRESS) 1408 Shawmut

18. BURIAL, CREMATION, OR REMOVAL PLACE buried St. Emile DATE Jan 26, 1934

19. UNDERTAKER H. S. Berger (ADDRESS) 4775 McShannon

20. FILED J. J. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934 to Jan 25, 1934
I last saw him alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction (post-operative) 5 days
Pulmonary edema 2 days
Other contributory causes of importance: Carcinoma of Rectum
Date of onset: Jan 18, 1934

Name of operation resection of colon Date of operation Jan 18, 1934
What test confirmed diagnosis? biopsy 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?
If so, specify Yes
(Signed) Carl W. Hefley M. D.
(Address) Jewish Hospital

FEB 27 1934

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