MAY 2 - 193.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 14891

Township ..... Primary Registration District No. ..... Registered No. 4088

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

2. FULL NAME Solomon Kaufman

(a) Residence, No. 1612 S Pearl St. NR Ward. Dallas Texas.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Mechal Kaufman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER

15. MAIDEN NAME Sarah Engler

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

17. INFORMANT (ADDRESS) Mrs Nettie Marks 5883 Perry — Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE DALLAS. TEX DATE ..... 19..

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Dir. 4469 Washington Blvd.

20. FILED ..... 19.. J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1934, to 4-22, 1934

I last saw him alive on 4-22, 1934 Death is said to have occurred on the date stated above, at 9:56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of Spleen	?
Sarcoma of Lung	
primary seat of Cancer in Lung	

Other contributory causes of importance:

Cardiac failure

Name of operation Splenectomy Date of .....

What test confirmed diagnosis? Pathologic 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) Harry Green, M. D.

(Address) Jewish Hospital, St L Mo

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.