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.

MAY 27 1936

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

Do not use this space.

18038

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 8248B

City Jefferson Barracks, (No. Veterans Administration Facility St. Ward)

File No.

Registered No. 152

2. FULL NAME Frank Walter SACKS

(a) Residence, No. 902 North 63rd St., Ward. University City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn yrs Unkn mos Unkn 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1894

7. AGE: Years 42 | Months 1 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Lawrence Sacks

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Martha Lemon

16. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Germany

17. INFORMANT M. Schelly Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE April 22, 1936

19. UNDERTAKER Geo. L. Pleetsch Inc.
(ADDRESS) 5966 Easton Ave

20. FILED Apr. 20, 1936 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to April 19, 1936

I last saw him alive on April 19, 1936. Death is said to have occurred on the date stated above, at 8:00 a.m. p.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic, Active, Far Advanced "C"	Unkn.

Other contributory causes of importance:
None

Name of operation None Date of —

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings 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

(Signed) C. V. Hughes, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.