

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.

DEC 4 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1170

Township

Primary Registration District No. 6248H.City Richmond HeightsSt. St. Marys HospitalFile No. 39979Registered No. 248

St. \_\_\_\_\_ Ward)

2. FULL NAME George John Sacks Sr.(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Union, Missouri

(Usual place of abode)

(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<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Sacks6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10th, 1856

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, .....hrs. or .....min. |
|        | <u>80</u> | <u>1</u> | <u>1</u> |  |

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

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

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) Germany13. NAME (Unknown) Sacks14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT George J. Sacks Jr.  
(ADDRESS) Union, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union, Missouri DATE October 13, 193619. UNDERTAKER Albert E. Hoppe Inc.,  
(ADDRESS) 429 N. Euclid Avenue20. FILED Oct. 12, 1936 Sam W. Bassett  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11th, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936 to Oct 11, 1936I last saw him alive on Oct 11, 1936 Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Septicemia -  
prostatitis - post-operativeDate of onset  
Oct 13, 36

Other contributory causes of importance:

Prostate Enlargement ?Name of operation Prostatectomy Date of Oct 13, 36What test confirmed diagnosis? \_\_\_\_\_ 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) W. J. Thomsen M. D.(Address) 954, Acad. Bldg.  
St. Louis Mo.

