APR 27 193

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

Do not use this space.

File No. 13569

Registered No. 129

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: — Primary Registration District No. 6248 B

City: Jefferson Barracks (No. ..., ... St. ... Ward)

2. FULL NAME Joseph H. SARASON

(a) Residence, No. 1520 De Soto Avenue St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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 Mrs. Vesta Sarason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

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

FATHER

13. NAME Perry Sarason

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

MOTHER

15. MAIDEN NAME Augusta Buyar

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Lithuania

17. INFORMANT Clinical clerk M. Schilling (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. Jeff. Bks. DATE Mar 23 1937

19. UNDERTAKER H.B. Berger L. & U. Co. (ADDRESS) 4715 McPherson Ave.

20. FILED Mar. 22, 1937 L. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 20, 1937

I last saw him alive on March 20, 1937. Death is said to have occurred on the date stated above, at 9:55 P.m.

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

	Date of onset
Carcinoma of Stomach with intra-abdominal metastasis	about 1 yr. ago.

Other contributory causes of importance: None

Name of operation Laparotomy Date of 3-18-37

What test confirmed diagnosis? Phy. Clinical Manif. and laboratory 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, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, 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.