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

23890
Do not use this space.

1. PLACE REC'D AUG 12 1938

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6584

(a) County
(b) Township
(c) City St. Louis (d) Street No. 1423 Belt Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Backer
(a) Residence, No. 1423 BELT St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
ab	74	—	—	

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

12. BIRTHPLACE (CITY OR TOWN) Kanaus
(STATE OR COUNTRY) Lithuania

FATHER
13. NAME Isaac Brody
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Lithuania

MOTHER
15. MAIDEN NAME Frieda (unk)
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Lithuania

17. INFORMANT Mr. M. Brody
(ADDRESS) Madison Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE ChesedShelEmeth DATE 7/24 19 38

19. FUNERAL DIRECTOR H.B.Berger
(ADDRESS) 4715 McPherson

20. FILED JUL 24 1938 J. P. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to July 23 1938
I last saw him alive on July 23 1938 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of gallbladder with metastases to liver

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) S. Pashman, M. D.
(Address) 4500 Olive St

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Herbert I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)