REC'D SEP 12 1938

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

27303
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 7317

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hosp. 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William H. Tabacnic 195
(a) Residence, No. 723 Syracuse St. NR U. City Mo.
(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	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Surgical appliances
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) Cincinnati Ohio

FATHER
13. NAME Aaron Tabacnic
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER
15. MAIDEN NAME Elizabeth Boonshaft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Mrs. Ethel Tabacnic
(ADDRESS) 723 Syracuse

18. BURIAL, CREMATION, OR REMOVAL
PLACE CHESHEL EMETH DATE 8/18 1938

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

20. FILED AUG 18 1938 J.F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Pachymeningitis Externa Traumatica. Contrib: Traumatic Pneumonia due to Fractured ribs, right side, suffered when Ford Coach driven by deceased left Highway and struck pole one mile west of St. Louis County on Highway #61 in Jefferson County, about 7:00 P.M., August 13, 1938. Accident.
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug. 13 38
Where did injury occur? Jefferson County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M. Lucas, M. D.
(Address) Deputy Coroner

(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, H. J. 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 H. J. Berger

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.)