

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.

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

30489  
 Do not use this space.

REC'D OCT 12 1938

**1. PLACE OF DEATH**

(a) County .....  
 (b) Township .....  
 (c) City St. Louis (d) Street No. Jewish Hosp. (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.

791  
 1008

Registered No. 7926

**2. PRINT FULL NAME**

Jacob Shucart  
 (a) Residence, No. 5604 Lotus St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	63	7	24	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor  
 9. Industry or business in which work was done, as 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) Barr (STATE OR COUNTRY) U.S.S.R.

FATHER 13. NAME Hyman Shucart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER 15. MAIDEN NAME Rifka (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Mrs. Dora Shucart (ADDRESS) 5604 Lotus

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 9/8 1938

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

20. SEP 7 1938 Local Registrar J. D. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1938, to 9-6, 1938

I last saw him/her alive on 9-6, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Undetermined Date of onset

Other contributory causes of importance: Guarantee, non epidemic non toxic, probably obstructive

Name of operation None Date of operation  
 What 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?  
 If so, specify (Signed) William Berman, M. D.  
 (Address) 216 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

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

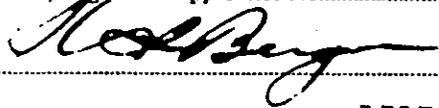
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

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.)**