

N. B.—Exact statement of OCCUPATION 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

33817  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. .... Registered No. 8803  
(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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Sam Etkow  
(a) Residence, No. 740 Eastgate St. 15  
(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 male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Etkow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. ab. 56

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) Chernigov  
(STATE OR COUNTRY) U.S.S.R.

13. NAME Louis Etkow

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

15. MAIDEN NAME Gussie (unk)

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

17. INFORMANT A. Berkov  
(ADDRESS) 6246 Northdrive

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Chesed Shel Emeth DATE 10/9 1938

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

20. FILED OCT 9 1938 J. Predick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1938 to 10/9 1938.  
I last saw him alive on 10/9 1938. Death is said to have occurred on the date stated above, at 12 P.M.  
The principal cause of death and related causes of importance were as follows:

SEPTICEMIA  
(FRIEDLANDER'S BIFIDUS)  
Date of onset 10/2/38

Other contributory causes of importance: PROSTATIC HYPERTROPHY

Name of operation: EMBOLISMECTOMY Date of 10/9  
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) J.C. Mullerman, M. D.  
(Address) Mo. Trusts Bldg

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.)**