

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

791  
1008

16521  
Do not use this space.

1. PLACE OF DEATH  
DEC 17 JUN 17 1939

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

Registered No. 4055

2. PRINT FULL NAME 5-25 David Langsam  
 (a) Residence, No. 110 S. Gore St. WR WEBSTER GROVES, 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 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 Flora  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (UNK)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. AB 50  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dry Goods  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retail  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939  
 22. I HEREBY CERTIFY That I attended deceased from March 15, 1939 to May 1, 1939  
 I last saw him alive on May 1, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia Date of onset

Other contributory causes of importance:  
None

Name of operation None Date of 20  
 What test confirmed diagnosis? Blood Exam Was there an autopsy? 20

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 W. Alexander Smith, M.D.  
 (Signed) W. Alexander Smith (Address) Webster Groves

12. BIRTHPLACE (CITY OR TOWN) Galicia (STATE OR COUNTRY) Poland  
 13. NAME Saul Langsam  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
 15. MAIDEN NAME Ida Thier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
 17. INFORMANT Mrs. Flora Langsam (ADDRESS) 110 S. Gore  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 5/2 1939  
 19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson  
 20. FILED MAY 2 1939 J. B. ... Local Registrar

(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.

FORM 1 X10805

163 The University

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

HERBERT I. BERGER, Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 1899.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**