

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
STANDARD CERTIFICATE OF DEATH

12401

FILED APR 8 1940

Primary Registration District No. 200

State File No. _____
Registrar's No. 459

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution Jewish Sanatorium of St. Louis
 (d) Length of stay: In hospital or institution 2 yrs 2 months 15 days
 In this community 17 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS
 (d) Street No. 1221 PENDLETON AVE
 (e) If foreign born, how long in U. S. A.? 17 years

3. (a) PRINT FULL NAME MR. MAX GARBARZ
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 5 year 1940 hour 8 minute 05 A.M.

4. Sex M 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Mrs. Frieda Garbarz
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from JULY 18/37, 1940, to MARCH 5, 1940;
 that I last saw him alive on MARCH 5, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months - Days - If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Occlusion
 Due to Arteriosclerotic Ht Disease
chronic myocarditis
 Due to Chronic
 Other conditions Diabetes Mellitus
 (Include pregnancy within 3 months of death)

9. Birthplace Russia
 10. Usual occupation Inspector of Dairy
 11. Industry or business _____
 12. Name Phial - Garbarz
 13. Birthplace Russia
 14. Maiden name Ruchel
 15. Birthplace Russia

Major findings: Basal cell CA of skin
removed Dec 25, 1937
 Of autopsy _____

16. (a) Informant's own signature Mrs. A. Pochman
 (b) Address 4302 Detroit
 17. (a) Burial (b) Date thereof Mar 6, 40
 (c) Place: burial or cremation Cherish Kadisha
 18. (a) Signature of funeral director Oberhandley, E. L.
 (b) Address 4467 Washington Blvd
 19. (a) MAR 5 1940 (b) J. R. Meyer

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (e) Means of injury _____
 23. Signature Alleg Benion (M. D. or other) MD
 Address JEWISH SANATORIUM
10 ROBERTSON MO Date signed _____

MAR 5 - 1940

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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.....

myself

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

W B Genhardle

Licensed Embalmer No. *3669*

P. O. Address *4469 Washington*

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.

6..

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 124 D1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registrar's No. 459

Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: Jewish Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Max Garbary

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-5-40 (b) 9 Max M. D. D. P. N. (Registrar's signature)

DECLARATION OF DEATH

20. DATE OF DEATH: Month Mar 5 day 40 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occl. Interosseous H. of art. Dis - Chr. Myocarditis
Due to Diabetes Mellitus

Due to _____
Other conditions: Basal cell c. a. of skin
(Include pregnancy within 3 months of death)

Major findings: removed 12-27-37-1
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Delia Simon (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1940
S-12401