. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16547

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4025

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp. 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 55yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1117 Clara
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Jonas Razovsky 212

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Minnie Razovsky

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

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

8. AGE: Years ab. 75 Months Days If less than one day hr. min.

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

10. Usual occupation Cigar dealer 7

11. Industry or business retail 7

FATHER
12. Name Menachem Mendel 7
13. Birthplace (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name Sarah Flachs
15. Birthplace (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant Julius Razovsky
(b) Address 6421 Cates

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hem Heg

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) MAY 5 1940 (Date received local registrar) (b) J. T. Burbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from July, 1939, to May 3rd, 1940, that I last saw him alive on May 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, multiple metastases to bones - Biopsy showed

Due to adeno-carcinoma primary site not determined

Due to possibly prostate.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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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? (Specify type of place)

While at work? (g) Means of injury

23. Signature Jerome E. Cook (M. D. or other)

Address 5078 N. Grand Blvd Date signed 5/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

working under my personal supervision.

No Embalming

Signed .....

Licensed Embalmer No. .....

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.