

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 499
Registrar's No.

LED JAN 26 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3883 Connecticut
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph BARSHAK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Fannie Barshak

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

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

8. AGE: Years about 76 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman Linnen Dept.

12. Name not known

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Barshak

(b) Address 1711 N. Park Dr. E. St. Louis, Mo

17. (a) burial (b) Date thereof Jan. 18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director A. Rindskopf

(b) Address 5216 Belmont

19. (a) JAN 10 1943 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 16
year 1943 hour 7 minute 28 P.M.

21. I hereby certify that I attended the deceased from Jan. 12
1943 to Jan. 16, 19 43
that I last saw him alive on Jan. 16, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 5 days
Duration

Due to Chronic urinary obstruction 3 mo.

Due to Benign prostatic hypertrophy 3

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations 1/17/43
Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Fredrick L. Schow (M: D. or other) MD
Address 2655 Kingshighway Date signed 1/18/43

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.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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, fact should be so stated above.