

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 941

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

96
536

1. PLACE OF DEATH:

(a) County St. L

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

(c) Name of hospital or institution:
711 Eastgate
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Israel Korach

3. (b) If veteran, name war none

3. (c) Social Security No. 491-12-8457

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pauline Kahn Korach

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 24, 1855
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 87 | 7 | 24 | hr. min. |

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

10. Usual occupation Executive

11. Industry or business Cloth spenging-

12. Name David Korach

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

14. Maiden name Kate

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

16. (a) Informant Mrs S. Korach

(b) Address 711 Eastgate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director May

(b) Address 4356 Lindell Blvd

19. (a) APR 21 1943 (Date received local registrar) (b) C. G. McHenry MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 711 Eastgate
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from April, 1937 1942; _____, 19____, to April 17 1943;

that I last saw him alive on April 16 and that death occurred on the date and hour stated above. 1943;

Immediate cause of death terminal Bronchopneumonia

Due to Spont.

General arteriosclerosis

Due to arteriosclerotic heart

Other conditions arteriosclerotic heart

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 938

PHYSICIAN _____

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 Julius E. ... (M. D. or other)

Address 4500 Olive Date signed 4/18/43

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..... *J. Allen Harris Jr.*

Licensed Embalmer No: *4053*

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, fact should be so stated above.