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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 23 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35816

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2361

**1. PLACE OF DEATH:**

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
[redacted]ans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Leng[redacted]ay: In hospital or institution: Adm. 10/8/43 (Specify whether years, months or days)

In this community: unknown.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 17

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

(d) Street No.: 5795 Westminster (If rural, give location)

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

If yes, name country: –

3. (a) PRINT FULL NAME: Irwin Sale

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: –

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

7. Birth date of deceased: March (Month) 31, (Day) 1889 (Year)

8. AGE: Years 54 | Months 6 | Days 18 | If less than one day: hr. min.

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

10. Usual occupation: Attorney

11. Industry or business: –

FATHER
12. Name: Simon B. Sale
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Tillie Fuld
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: Abel Delragge
(b) Address: Actg.Cl.Clerk, VAF, Jeff.Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Sinai Cemetery

18. (a) Signature of funeral director: Herman Lindskopf
(b) Address: 5216 Delmar Blvd.

19. (a) OCT 21 1943 (Date received local registrar) (b) C. L. McGary, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 19th, year 1943 hour 5:50 minute A.M.

21. I hereby certify that I attended the deceased from October 8, 1943 to October 19, 1943 that I last saw him alive on October 19, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Ulcer, chronic, perforated, distal end of esophagus. | Unkn. |
| Other Conditions: | |
| Ulcer, duodenal, chronic. | Unkn. |
| Hydro-pneumothorax, right, secondary to perforation of ulcer of esophagus. | Abt.6 hr. |

Other conditions: –
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation.
Of autopsy: Autopsy performed. See cause of death.

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): no
(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? (City or town) (County) (State)
While at work: (Specify type of place) Cause of injury:

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer Date signed: 10/19/43.

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1948

MAY 31 1949

## 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 Chas. 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.**