. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11452

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3281

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1318a Franklin
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME David Langah

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 Jenny Langah

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

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

8. AGE: Years about 80 | Months — | Days — | If less than one day hr. min.

9. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation Attorney

11. Industry or business

FATHER
12. Name Berel Landau
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant Mrs. Grace Zinberg
(b) Address 1340 E. Victory Dr. Savannah, Ga.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Ave.

19. (a) APR 13 1945 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 31, 1945, to April 12, 1945;
that I last saw him alive on April 11, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of esophagus	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46a

Major findings:
Of operations
Of autopsy none

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

23. Signature Barrett L. Taussig (M. D. or other) M.D.
Address 4500 Olive St Date signed Apr 12

(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.

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, fact should be so stated above.