V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1945

State File No. 42503

Registration District No. 317 Primary Registration District No. 2062 Registrar's No. 2898

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6249 Cates ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6249 Cates ave. 5
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Samuel Sachritz (Sacharowitz)

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 5

6. (b) Name of husband or wife Bertha

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 Kaunas (City, town, or county) Lithuania (State or foreign country) 8

10. Usual occupation scrap buyer

11. Industry or business .....

FATHER
12. Name Abraham Sacharowitz
13. Birthplace (City, town, or county) Lithuania (State or foreign country) 8

MOTHER
14. Maiden name Elka Yavitz
15. Birthplace (City, town, or county) Lithuania (State or foreign country) 8

16. (a) Informant Nathan Heller
(b) Address 6249 Cates ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona

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

19. (a) 12-21-45 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature) on 3 C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 5 AM minute ..... M.

21. I hereby certify that I attended the deceased from 17 Nov. ....., 1945 to 19 Dec, 1945;
that I last saw him alive on 18 December, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Abdominal carcinoma	Unk
Abdominal hemorrhage	1 day
Due to	
Due to 55	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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 Harry Agren (M.D. or other) MD
Address 1045 Missouri Theater Bldg Date signed 19 Dec '45

(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. 1577

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.