

FILED JUN 6 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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 **10 weeks**
(Specify whether years, months or days)
In this community **56 years**

3. (a) PRINT FULL NAME

ISADORE SACKS

3. (b) If veteran,

name war **No**

3. (c) Social Security

No. **488-05-4145**

4. Sex **male** ☒ race **white**

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

6. (b) Name of husband or wife **Kate Sacks**

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

7. Birth date of deceased **about 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 62 hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Automobile supplies**

12. Name **Jacob Sacks**

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

14. Maiden name **Ella Sandler**

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

16. (a) Informant **Joseph Sacks**

(b) Address **6246 S. Rosebury**

17. (a) **burial** (b) Date thereof **5/30/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **MAY 29 1946** (b) **J. F. Bresack**
(Date received local registrar) (Registrar's signature)

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 **5733 Kingsbury**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28** year **1946** hour _____ minute **6**

21. I hereby certify that I attended the deceased from **May 1945** to **May 28**, 19**46**
that I last saw him alive on **May 28** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Esophagus

Due to _____

Due to _____

Other conditions **Chronic dilatation**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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)

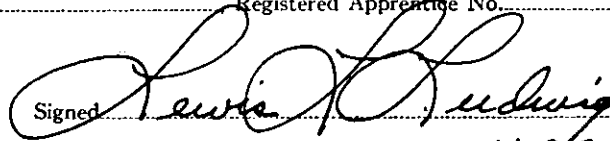
23. Signature **J. F. Bresack** (M. D. or other)

Address **622 Union Street** Date signed **5/30**

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 _____

working under my personal supervision.

Signed  _____
Registered Apprentice No. _____
Licensed Embalmer No. 4229
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.