No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 1 1947 #79480

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15647

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4137

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial ()
(Specify whether

In this community 50 yrs
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. 5885a Lotus
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SAM SHICKMAN (aka Harry)

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-1166

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nettie Shickman

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

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

8. AGE: Years	Months	Days	If less than one day
ab. 59			hr. min.

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

10. Usual occupation Operator, ladies cloak

11. Industry or business Cisar & Kling Co.,

FATHER
12. Name Mendel Shickman
13. Birthplace USSR
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Axler
15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant Lester N/ Shickman
(b) Address 5708 Julian

17. (a) burial (b) Date thereof 4/22/47
(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) APR 22 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from 4-19-47, 19..., to 4-20-47, 19...; that I last saw him alive on 4-20-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of unknown cerebral vessel due to arteriosclerosis	1 day
Due to: Pulmonary tuberculosis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Herbert Lueck (M. D. or other)
Address 1515 Lafayette Date signed 4-21-47

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

Jefferson City Printing Co. (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. Louis A. Ludwig

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.