S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19140

Primary Registration District No. 1003

Registrar's No. 4729

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

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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 721 Heman Ave. 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David Marshak

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rebecca

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

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

8. AGE: Years About 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Merchant

FATHER
12. Name Unknown
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David Baron
(b) Address 721 Heman Ave.

17. (a) Burial (b) Date thereof 5-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B'Nai Amoona Cem.

18. (a) Signature of funeral director Herman Rudskop Jr. Inc.
(b) Address 5216 Delmar Blvd.

19. (a) MAY 11 1947 (b) J. Bridert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 7 3/4 minute P. M.

21. I hereby certify that I attended the deceased from April 2, 1947, to May 9, 1947
that I last saw him alive on May 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Carcinoma of Sigmoid with metastases to

Due to Liver

Other conditions
(Include pregnancy within 3 months of death) 46

Major findings:
Of operations

Of autopsy as above

Duration: few hours

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 Harold Scheff (M. D. or other)

Address 607 N. Grand Date signed 5/10/47

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 H E Burgess

Licensed Embalmer No. 4029

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.