

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10589
2506

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

N.R.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis MO</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>17</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital <i>U</i>		d. STREET ADDRESS (If rural, give location) 6261 Clemens <i>0</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) Saul	b. (Middle) J. Sachar	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 17 1949
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5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH about	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Lithuania <i>5</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Israel Sachar	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sarah Sachar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris Sachar -#8 Log Cabin Dr.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 months.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder, with metastases. Urinary		
	ANTECEDENT CAUSES Pulmonary edema. DUE TO (b) <i>52</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <i>617</i>	

19a. DATE OF OPERATION Oct. 18	19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 29, 1948, to March 17, 1949, that I last saw the deceased alive on Mar. 17, 1949, and that death occurred at 6:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE I. C. Middleman, M.D. (Degree or title)	23b. ADDRESS 462 N. Taylor Ave., St. Louis, 8, Mo.	23c. DATE SIGNED 3/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-1949	24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Cem. St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>J. B. Lancaster</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman Rindke of Inc.</i>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

No Embalming

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.