S. No. 300
. 10.48

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28540

State File No. 7461

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

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital	d. STREET ADDRESS (If rural, give location) N.R. 6616 Enright Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) JACOB	b. (Middle)	c. (Last) SHANK
4. DATE OF DEATH	(Month) (Day) (Year) Aug. 27, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Harry Shank	13b. MOTHER'S MAIDEN NAME ~~XXXXXX~~ Unknown	14. NAME OF HUSBAND OR WIFE Ann H. Shank	
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 Mrs. J. Shank-6616 Enright Ave.	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma head of pancreas — INTERVAL BETWEEN ONSET AND DEATH about 5 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Liver metastases

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Ca. head pancreas - Metastases to liver	20. AUTOPSY? YES ☐ NO ☐
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) 46
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 157

22. *I hereby certify that I attended the deceased from* April, 1949, *to* Aug 27, 1949, *that I last saw the deceased alive on* Aug 27, 1949, *and that death occurred at* 7p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Llewellyn Sale	(Degree or title) MD	23b. ADDRESS 4500 Olive, St Louis 8	23c. DATE SIGNED 8/28/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/49	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. AUG 28 1949	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudsky Jr. Inc.	ADDRESS 5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed John Ketter

Signed.....
Student Embalmer

Licensed Embalmer No. 3880

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.