

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

46802
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 116.0
 (b) Township University City Primary Registration District No. 4470 Registered No. 130
 (c) City University City (d) Street No. 7007 Pershing St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sabastian Garfinkel

(a) Residence, No. [] St. []
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henriette Garfinkel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1879

7. AGE YEARS 58 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fixtures Display
 9. Industry or business in which work was done, as saw mill, bank, etc. Display
 10. Date deceased last worked at this occupation (month and year) 11: Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER 13. NAME Simon Garfinkel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Henriette Garfinkel
 (ADDRESS) 7007 Pershing

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Olive (Jewish) 12-31-37

19. FUNERAL DIRECTOR Herminia Rindkopf
 (ADDRESS) 5216 Delmar

20. FILED December 29 1937 Virginia Hirschi
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936, to Dec 29, 1937.

I last saw him alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
9419
 Date of onset

Other contributory causes of importance:

Name of operation Coronary Date of Jan
 What test confirmed diagnosis? Coronary Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 96

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Arterial Sclerosis
 (Signed) [Signature] M. D.

(Address) 1194 Hodiamont Ave. St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No:.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)