

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-20-57

1 X12004

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.

REC'D JUL 12 1938

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

20753
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4000 De Tonty** 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.

Registered No. **5892**

2. PRINT FULL NAME

Max Darrish (also known as Goldstein) 620
(a) Residence, No. **4000 De Tonty** St. **17**
(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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rebecca Darrish**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **(unk)**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 72

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

12. BIRTHPLACE (CITY OR TOWN) **Volhynia** (STATE OR COUNTRY) **U.S.S.R.**

FATHER 13. NAME **Israel Darrish**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R.**

MOTHER 15. MAIDEN NAME **Tauba (unk)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.S.R.**

17. INFORMANT **Morris E. Darrish** (ADDRESS) **2035 Alfred**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **7/1 1938**

19. FUNERAL DIRECTOR **H. B. Berger** (ADDRESS) **4715 McPherson**

20. FILED **JUN 30 1938** **J. P. Biediek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 29 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 1 1938** to **June 29 1938**.
I last saw him alive on **June 25 1938**. Death is said to have occurred on the date stated above, at **3 p** m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion **6/29/38**
Arterio sclerosis
Other contributory causes of importance: **PH**

Names of operation Date of
What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Althor? Tausig**, M. D.
(Signed) **Althor? Tausig** (Address) **4520 Olive St. St. Louis**

STATEMENT BY LICENSED EMBALMER

I, H.I. Berger, Licensed Embalmer No. 1597

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed H.I. Berger

Licensed Embalmer No. 1597

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.)