

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33625

Do not use this space.

REC'D NOV 16 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. **1008**  
 (b) Township..... Primary Registration District No. .... Registered No. **8611**  
 (c) City **St. Louis** (d) Street No. **Jewish Hosp** St. ....  
 (e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **33** yrs. mos. ds.

**2. PRINT FULL NAME**

**260 Samuel Baker**  
 (a) Residence, No. **1275a Amherst** St. **5** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Pearl Baker</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>7/1/1870</b>		
7. AGE YEARS <b>68</b>	MONTHS <b>3</b>	DAYS <b>0</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Tailor</b>		IF LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>U.S.S.R.</b> <span style="float: right;">7</span>		
13. NAME <b>Elijah Pikarsky</b> <span style="float: right;">7</span>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>U.S.S.R.</b> <span style="float: right;">7</span>		
15. MAIDEN NAME <b>Mary Yasha</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>U.S.S.R.</b>		
17. INFORMANT <b>Miss. Sara Baker</b> (ADDRESS) <b>1275a Amherst</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Chesed Shel Emeth</b> DATE <b>10/2</b> , 19 <b>38</b>		
19. FUNERAL DIRECTOR <b>H. B. Berger</b> (ADDRESS) <b>4715 McPherson</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct - 1**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **August**, 19**38** to **Oct - 1**, 19**38**  
 I last saw him alive on **Oct - 1**, 19**38** Death is said to have occurred on the date stated above, at **7:30 P** m.  
 The principal cause of death and related causes of importance were as follows:  
**Bronchopneumonia** Date of onset **8/2**

Other contributory causes of importance:  
**Cerebral Haemorrhage**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Culture** Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) **J. H. Probst**, M. D.  
 (Address) **1275a Amherst**

20. FILED **OCT 2 1938**  
**J. Bredeck**  
 Local Registrar.

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, Herbert I. Berger, Licensed Embalmer No. 1597

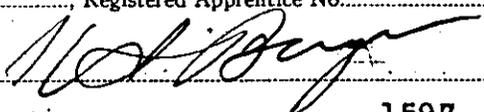
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

  
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.)**