

DEC 12 1938

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

37491  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. Jewish Hosp. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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.

Registration District No. 791  
Primary Registration District No. 1003

Registered No. 9818

2. PRINT FULL NAME

620 Joseph Burack  
(a) Residence, No. 5449b Easton St. 6 (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) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Burack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed  
9. Industry or business in which work was done, as saw mill, bank, etc. paper hanger  
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zaslav-Volhynia Poland

13. NAME Abraham Burack

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

15. MAIDEN NAME Rose Margulis

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

17. INFORMANT Mrs. Rose Burack (ADDRESS) 5449 b Easton

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 11/14 1938

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

20. FILED NOV 14 1938 J. F. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-21-38, 19....., to 11-13-38, 19.....

I last saw him alive on 11-13-38, 19..... 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:

Carcinoma of Right Kidney

Other contributory causes of importance:

History of metastatic nodules in  
Name of operation W. Howard Date of 10-4-38  
What test confirmed diagnosis? Berkey 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. (Signed) Dr. S. Schneider, M. D. (Address) Jewish Hospital

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

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.

1 X12004  
30-107-20-37

---

---

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 

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.)**