

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

FORM 7-20-37 I 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.

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

17333
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. Jewish Hosp. Registered No. 4867
 (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 655 Benjamin Furman
 (a) Residence, No. 1139 Walton St. 12
 (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 Ethel Furman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	59	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) Odesa U.S.S.R.

FATHER

13. NAME Hirschel Furman

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

MOTHER

15. MAIDEN NAME Rose (unk)

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

17. INFORMANT (ADDRESS) Mrs. Ethel Furman 1139 Walton

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth 5/29/39

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

20. FILED MAY 29 1939 J.D. Budeth Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1939, to 5-29 1939.
 I last saw him alive on 5-29 1939. Death is said to have occurred on the date stated above, at 2:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of urinary bladder with metastases to liver.
 Date of onset 2 yrs.

Other contributory causes of importance: 51

Name of operation _____ Date of _____
 What test confirmed diagnosis? Biopsy Was there an autopsy? N.D.

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) Jam Schneider, M. D.
 (Address) 216 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I, H. I. Berger, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was ^{NOT} embalmed by ~~_____~~
_____ 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.)