

Registration District No. 7000 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution French Orth. and Tobac Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs
(Specify whether years, months or days) HO yrs

3. (a) PRINT FULL NAME Joseph David SHANKS 5'20

3. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years abt 80 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation blacksmith

11. Industry or business _____

12. Name Stebek Shanks

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Pearl

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Shanks

(b) Address 2035 N. Sawatha

17. (a) burial (b) Date thereof Dec 21-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director A. Sephandler

(b) Address 4469 Washington

19. (a) DEC 21 1939 (b) J. J. Baskin
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1939 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1939 to Dec 18 1939 that I last saw him alive on 12/18 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardial Gen. Arteriosclerosis
Duration ?

Due to _____
Due to _____

Other conditions (includes pregnancy within 8 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature D. Edgocoff (M. D. or other)
Address 622 2nd. Chel Bl Date signed _____

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.

1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.