

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1279

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Harry Packman8. (b) If veteran, name war _____ 8. (c) Social Security No. 490-01-54014. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 18 1899
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
40 2 20 _____ hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Insurance12. Name Samuel Packman13. Birthplace Russia
(City, town, or county) (State or foreign country)14. Maiden name Esther Agress15. Birthplace Russia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Rebecca Baron(b) Address 5736 Westminster Pl.17. (a) Burial (b) Date thereof 2-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shel Emeth Cem.18. (a) Signature of funeral director Heaman Rindberg(b) Address 5216 Delmar Blvd.19. (a) FEB 8 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5736 Westminster
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1940 hour 7: P.M. minute _____ M.21. I hereby certify that I attended the deceased from December
1939, to February 7, 1940,
that I last saw him alive on February 7, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death spinal
Tumor of cervical cord
Malignant Duration 24 mos.

Due to _____

Due to 53Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Tumor of cord (spinal)Of autopsy Tumor of spinal cord.

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 _____23. Signature Hary Agress (M. D. or other)Address 1045 Missouri State Bldg Date signed 2/8/40

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 *Charles Cooper*

Licensed Embalmer No. 3830

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.