

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:
Jewish 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)

8. (a) PRINT FULL NAME Jacob Garber b16
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Garber 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 74 hr. _____ min.

9. Birthplace Russia 7
(City, town, or county) (State or foreign country)

10. Usual occupation _____ 7

11. Industry or business Retired Junk Dealer 7
12. Name Unknown 9
13. Birthplace Russia 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie Garber
(b) Address 1334 Blackstone

17. (a) Burial (b) Date thereof 6-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindakoff
(b) Address 5216 Delmar

19. (a) JUN 13 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1334 Blackstone
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 25, 1940, to June 11, 1940, that I last saw him alive on June 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 2 months

Due to Carcinoma of Prostate ?
Probably primary site
Due to Chronic Bronchitis 10 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 51 PHYSICIAN _____
Of autopsy _____ 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 _____

23. Signature Joel M. Orenstein (M./D. or other) _____
Address 5300th Eastern Date signed 6/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

