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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15298

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1024

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6305 Cates
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Block, Jacob

3. (b) If veteran, name war WW-1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Block

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December (Month) ? (Day) 1894 (Year)

8. AGE: Years 47 Months 3 Days 12 ? If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Junk Dealer

11. Industry or business -

FATHER
12. Name ~~Rachel Rubin~~ Adolph Block
13. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Rachel Rubin
15. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Government Records.
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hamedrosh-Hagodol

18. (a) Signature of funeral director Herman Rendskopf
(b) Address 5216 Delmar Blvd

19. (a) APR 29 1943 (Date received local registrar) (b) C. G. McGavor, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 6:40 minute p. M.

21. I hereby certify that I attended the deceased from 4-18-43
..... 19..... to 4-27-43 ..... 19.....;
that I last saw him alive on April 27 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary arteriosclerotic heart disears, myocardial damage, and anginal syndrome	About 2½ yrs.
Due to	
Due to	
Other conditions Arteriosclerosis, generalized. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations none
Of autopsy No 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) No
(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?
..... (Specify type of place)
While at work ..... (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3630

P. O. Address 5216 Delmar

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, fact should be so stated above.