V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

36524

FILED JAN 16 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 766

Primary Registration District No. 1003

Registrar's No. 134

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo (Specify whether
In this community 48 years
years, months or days)

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. 1345 Clara ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Shamsky

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ray Berger Shamsky

6. (c) Age of husband or wife if alive 64 years

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

8. AGE: Years about 71 | Months | Days | If less than one day hr. min.

9. Birthplace Kippel Volhynia (City, town, or county) Poland (State or foreign country)

10. Usual occupation tailor

11. Industry or business

FATHER
12. Name William Shamsky
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Sarah Spizel
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mrs. Ray Shamsky
(b) Address 1345 Clara ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.

19. (a) JAN 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1945 4:25 A.M. minute M.

21. I hereby certify that I attended the deceased from 12/6/44, 19, to 1/6/45 19;
that I last saw him alive on 1/6/45 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Senile psychosis simple deterioration

Major findings: Hypertensive cardiovascular disease

Of operations Benign hypertrophy of prostate

Of autopsy none

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

23. Signature Elliot Lipsitz (M. D. or other)
Address 1515 Lafayette Date signed 1/6/45

(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.....

Licensed Embalmer No. 1597

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, fact should be so stated above.