

No. 2  
2-45  
17-39  
X47070

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

**FILED MAY 29 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5047**

1. PLACE OF DEATH:

(c) County St. Louis  
 (b) City or town St. Louis  
 (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 8 days  
 In this community 34 yrs  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4139a Cleveland 9  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 17

3. (a) PRINT FULL NAME JAKE NOVACK

3. (b) If veteran, name war No 3. (c) Social Security No. (unk)

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

6. (b) Name of husband or wife Nancy Zebrack Novack  
 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased NOVEMBER 27 1912  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>5</u>	<u>21</u>	hr. min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U.S.A Medical Depot

12. Name Max Novack

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

14. Maiden name Ida Katz  
 15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy Novack

(b) Address 4139a Cleveland

17. (c) burial (b) Date thereof 5/20/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 20 1947 (b) J. F. Bradock  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18th  
 year 1947 hour 10 minute 20 p.m.

21. I hereby certify that I attended the deceased from 5-2- 1947 to 5-18 1947;  
 that I last saw h. im alive on May 18 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 3 days  
 Duration

Due to Hepato-renal syndrome

Due to 1/27  
 Other conditions: 1/27  
 (Include pregnancy within 3 months of death)

Major findings: Rt. ureteral obstruction  
 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 0

23. Signature Laurena M. Crowley (M. D. or other) 0  
 Address 462 No. Taylor Date signed 5/19/47

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**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

*Paulo J. Judry*  
Licensed Embalmer No. 4229

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.**