No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6968

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1223

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether years, months or days) In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County StLouis 96
(c) City or town University City 2 (If outside city or town limits, write "RURAL")
(d) Street No. 6309 Delmar 5 (If rural, give location) NR
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Philip Sacks
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 Minnie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)
8. AGE: Years ab. 64 Months Days If less than one day hr. min.
9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retail Store
11. Industry or business
FATHER 12. Name Sam Sacks
FATHER 13. Birthplace Russia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name (unk)
MOTHER 15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie Sacks
(b) Address 6309 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Av.
19. (a) FEB 5 (Date received local registrar) (b) J. T. Breneck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan. 1946, 1948 to Feb 4, 1948 that I last saw him alive on Feb 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular accident Hemorrhage	10 hr.
Due to Arteriosclerosis Hypertensive cardio-	yrs.
Due to vascular disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Massive cerebral hemorrhage, Arteriosclerosis -	

PHYSICIAN — Underline the cause of 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 Llewellyn Sale (M. D. or other) MD
Address 4500 Olive Date signed 2/5/48

Jefferson City Printing Co. (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 Lewis L Ludwig

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.