REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

20653
Do not use this space.

Registration District No. 1003

Primary Registration District No.

Registered No. 5792

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis

(d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Samuel F. Abrams 165

(a) Residence, No. 7295 Greenway St. N.R. UNIVERSITY CITY, MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvira Abrams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1892

7. AGE: Years 46 | Months 2 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 0

FATHER

13. NAME Sol. Abrams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 6

MOTHER

15. MAIDEN NAME Hanriette Frankel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Elvira Abrams
(ADDRESS) 7295 Greenway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Sinai Cem. DATE 6-28-38, 19

19. FUNERAL DIRECTOR H. Rindskopf
(ADDRESS) 5216 Delmar

20. FILED JUN 28 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 12 m. Noon

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism, non tubercular — Date of onset

126

Other contributory causes of importance:
Thrombosis of iliac vein
(Gall-stones)

Name of operation Cholecystectomy Date of 6-16-38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? /
If so, specify

(Signed) J. H. Probstein (PROBSTEIN) M. D.
(Address) Jefferson Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

APR 3

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman Rindskopf

Licensed Embalmer No. 2207

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.)