

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 8999

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 41 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4729 Hamett Pl.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Abramovitz

3. (b) If veteran, No. ABOUT
3. (c) Social Security No. 489#05-1949

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Abramovitz
6. (c) Age of husband or wife if alive 56 years

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

8. AGE: Years About 60
Months Days If less than one day
hr. min.

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

10. Usual occupation Shoe Repair

11. Industry or business Shoe Repair

12. Name Aaron Abramovitz

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mollie Abramovitz
(b) Address 4729 Hamett Pl.

17. (a) Burial (b) Date thereof Nov. 13, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamodrosh, Hagodol
(d) Signature of funeral director Spayhaller
(e) Address 4469 Washington Blvd.
Nov 13 1941
(f) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1941 hour 4 minute 45 PM

21. I hereby certify that I attended the deceased from 9-2-41
19. to 11-12-41 19. 41
that I last saw him alive on Nov. 12th and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinomatous

Due to primary

Due to unknown.

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death) General

Major findings:
Of operations

Of autopsy 55

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? No Means of injury None
23. Signature L. J. Daley (M. D. or other) M. D.
Address 216 S. Kings Highway 11/13/41

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 *[Handwritten Signature]*
Licensed Embalmer No. *3669*

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.