

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 2476

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") ENR

(d) Street No. 7042 Amherst
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 55 years

3. (a) PRINT FULL NAME Sol Yaker

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 Rose Karpi

6. (c) Age of husband or wife if alive 1890 years

7. Birth date of deceased Nov. 15 1890
(Month) (Day) (Year)

8. AGE: 52 Years 4 Months 6 Days
If less than one day hr. _____ min.

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

10. Usual occupation Sales Agent

11. Industry or business Wholesale Headwear Accessories

MOTHER FATHER

12. Name Louis Yaker

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

14. Maiden name Anna Shapiro

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

16. (a) Informant Louis Karpi

(b) Address 7545 Cromwell

17. (a) Burial (b) Date thereof 3/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc Pherson

19. (a) MAR 15 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1943 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from Mar
11, 1943 to Mar 15, 1943
that I last saw her alive on Mar 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death abscess of Brain 4 day
from Strepococcus
Due to Strepococcus ?
Due to Strepococcus
Other conditions Strepococcus
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy abscess brain

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 _____

23. Signature John Warner MD
(M. D. or other) Mar 15 1943
Address 1003 Date signed _____

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

MAY 20 1943

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 W. H. Bergin
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.