

FILED NOV 27 1943

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2565

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1218 Bellevue Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 39 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Bellevue Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADRIAN SIDNEY PACTER

3. (b) If veteran, name war none 3. (c) Social Security No. 526-01-7576

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

6. (b) Name of husband or wife Jaenet Schwab Pacter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>4</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business ATTORNEY AT LAW

12. Name Abraham Pacter

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

14. Maiden name Michael Klein

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jaenet S. Pacter

(b) Address 1218 Bellevue Ave, Richmond H

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) NOV 20 1943 (b) E. R. Mc Lauren, M.D.
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1943 hour 11:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from May, 1938, to Nov. 18, 1943
that I last saw him alive on November 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Rheumatic Heart disease with myocarditis</u>	<u>10 years</u>
Due to <u>Recurrent Rheumatic fever and arteritis + mixed Vasculitis</u>	<u>10 years</u>
Due to <u>Suit</u>	<u>4 years</u>

Other conditions Suit
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) none

(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 James D. Skaty (M. D. or other) M.D.

Address 13902 Olive St. St. Louis Date signed 11/18/43

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

MOTHER FATHER

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 *Albert G. Koffe*.....

Licensed Embalmer No *2971*.....

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.