S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1944

Registration District No. 319

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12193

Primary Registration District No. 2002

Registrar's No. 642

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 714 Kingsland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: University City
(If outside city or town limits, write "RURAL")
(d) Street No.: 714 Kingsland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Abraham Shapiro
3. (b) If veteran, name war: No
3. (c) Social Security No. 497-01-6958

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Rose Handelman Shapiro
6. (c) Age of husband or wife if alive: (unk) years
7. Birth date of deceased: March (Month) 7th (Day) 1876 (Year)

8. AGE: Years 68 Months 0 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace: Volhynia (City, town, or county) Russia (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Gale-Sobel Co.
12. FATHER Name: Meyer Shapiro
13. FATHER Birthplace: Unknown (City, town, or county) Russia (State or foreign country)
14. MOTHER Maiden name: Zirril Gitter
15. MOTHER Birthplace: unknown (City, town, or county) Russia (State or foreign country)
16. (a) Informant: Eugene J. Shapiro
(b) Address: 7529 Wellington Way
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson
19. (a) MAR 15 1944 (Date received local registrar) (b) E. D. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 1944 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from several years, 19__, to ____, 19__; that I last saw him alive on 3/11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerotic Heart Disease	years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus	years
Major findings: Of operations: —	
Of autopsy: —	

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

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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

M.D. Signature: Arthur E. Strauss (M. D.)
Address: 538 N. Grand Date signed: 3/18/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1944

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.....

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.