

FILED JAN 16 1945
318

Primary Registration District No. 1003

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Dead upon arrival at Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 1.35e Years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1039 Marion
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Aseiffe

3. (b) If veteran, name war World War # I 3. (c) Social Security No.....

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1945 hour 9 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 50 hr. min.

Immediate cause of death.....
Coronary Occlusion
Coronary Sclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Meron Khouri
(b) Address 1039 Marion

17. (a) Burial (b) Date thereof 1/76/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thos. F. H. ...
(b) Address 2906 Gravois

19. (a) JAN 4 1945 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

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.....

23. Signature Alfred J. Perry (M. D. or other)
Date signed 1/24/45

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..... *David Van Torsaw*

Licensed Embalmer No. *4242*

P. O. Address..... *2906 Marois ave*

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.