S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25362

Registration District No. 1003 Primary Registration District No. Registrar's No. 7619

**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: Jewish 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
years, months or days)

**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. 6326 Cates
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

96 3 NR 5 1

3. (a) PRINT FULL NAME Ruth Laura Abramson

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
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 August 12, 1945
(Month) (Day) (Year)

8. AGE: Years — Months — Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Harry Abramson
13. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Hattie Lewin
15. Birthplace Riga (City, town, or county) Latvia (State or foreign country)

16. (a) Informant H. Abramson
(b) Address 6326 Cates U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave

19. (a) AUG 31 1945 (Date received local registrar) (b) J. F. McDean (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8 day 30
year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 12, 1945, to Aug 30, 1945
that I last saw her alive on Aug 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration 18 days

Due to Congenital heart — 18 "

Due to

Other conditions
(Include pregnancy within 3 months of death)

159

Major findings:
Of operations
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)
(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 Joseph A. Bauer (M. D. or other)
Address 3720 Washington Date signed 8/30/45

844

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

not embalmed 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.**