

FILED DEC 9 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10290

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1433 N. 14th Street
(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)

3. (a) PRINT FULL NAME John M. Abdalla
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife.....
Lena Abdalla
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... About 1896
(Month) (Day) (Year)

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

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

10. Usual occupation Confectionery Owner

11. Industry or business

MOTHER FATHER

12. Name..... Mansour Abdalla
 13. Birthplace..... Syria
(City, town, or county) (State or foreign country)
 14. Maiden name Sylvia Rogers
 15. Birthplace..... Syria
(City, town, or county) (State or foreign country)

16. (a) Informant Marianna Yacoub Eysee
 (b) Address 1301 a Dolman Street
 17. (a) Burial (b) Date thereof 12/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. S. Boyd
 (b) Address 1926 Allen Av.
 19. (a) DEC 2 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1433 N. 14th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
 year 1946 hour 9 minute..... P. M.
 21. I hereby certify that I attended the deceased from July 2, 1946 to Nov. 19, 1946
 that I last saw him alive on Nov. 27, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hydrostatic pneumonia 1 wk.
Carcinoma of left hip 10 mo.
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (c) 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) (c) Means of Injury
 23. Signature Robert M. Keller (M. D. or other)
 Address 3284 T. Center Date signed.....

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

Mild

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 *me*
....., Registered Apprentice No.
working under my personal supervision.

Signed *Benj. C. D...*
Licensed Embalmer No. *2272*
P. O. Address *1926 Allen 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.