

No. 2
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5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38328

FILED NOV 25 1946

State File No.

9612

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 8 mos. 16 ds.
(Specify whether years, months or days)
In this community 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE ABRAMSON

3. (b) If veteran, name war No
3. (c) Social Security No. None

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

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

7. Birth date of deceased Nov. 29 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>11</u>	<u>11</u>	hr. _____ min.

9. Birthplace Spt. Towns Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business _____

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Charles Abramson
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 11/12/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) NOV 12 1946 (b) J. J. Bruseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1946 hour 7.45 minute P M.

21. I hereby certify that I attended the deceased from 1 46 Nov. 10 May 46
19 46 to 19 46
that I last saw her alive on Nov. 10. 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar Pneumonia Left 11 ds.

Due to _____
Large Sacral Decubitis, Ulcer 1 mo.

Other conditions Schizophrenia 1941x.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Paul T. Hartman (M. D.)
Address 5400 Arsenal Date signed 11/20/46

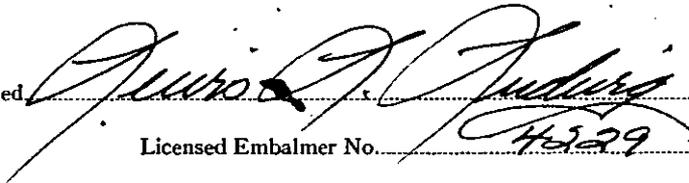
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

57143

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..... 4529

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.