

No. 2
5-43
5-17-39
1-X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42814
10488
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2602a Locust
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Abraham Parkman
3. (b) If veteran, name war No
3. (c) Social Security No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown

8. AGE: Years Months Days If less than one day
About 77

9. Birthplace Poland

10. Usual occupation Baker

11. Industry or business Retired

12. Name Unknown

13. Birthplace Poland

14. Maiden name Unknown

15. Birthplace Poland

16. (a) Informant Mrs. J. Weintraub
(b) Address 1326a Goodfellow

17. (a) Burial (b) Date thereof 12/9/1946
(c) Place: burial or cremation Chevra Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue
19. (a) DEC 8 1946 (b) J. F. Brudeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1946 hour 10 minute 2 M.
21. I hereby certify that I attended the deceased from 11-15 1946 to 12-6 1946
that I last saw him alive on 12-6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arteriosclerotic hyperplasia heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature Leonard W. Widulinski (M. D. or other)
Address 2605 S. Kay highway Date signed 12-6-46

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

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

MOTHER FATHER

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 *James A. Anderson*
.....
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.