7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5953

FILED MAR 11 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3041

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: Park Lane Hospital 0
(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)
In this community

2. USUAL RESIDENCE OF DEECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1291 Hamilton 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAKE ALIBER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Aliber
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 60 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Grocery
MOTHER FATHER
12. Name Unknown 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Mrs. J. Aliber
(b) Address 1291 Hamilton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director H. Rudikoff, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) FEB 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1947 hour 2:00 AM minute M.
21. I hereby certify that I attended the deceased from July 4 1940, to February 27, 1947 that I last saw him alive on February 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 weeks
Prostatic Hypertrophy	4 yrs
Arteriosclerosis generalized	4yrs
Due to Nephritis	6 mo
Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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) None
(b) Date of occurrence None
(c) Where did injury occur? None (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 0
23. Signature Henry E. Rosenberg (M. D. or other) MD
Address 1467 N. Union Date signed 27 Feb 1947

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

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.