

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

32626

State File No. \_\_\_\_\_

No. 300  
10-48

8191 UNIVERSITY  
FILED OCT 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2266</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis, Mo</u>		b. STATE <u>Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Airport Township</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4900 McPherson</u>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRY</u>		b. (Middle) <u>ABELSON</u>		c. (Last) <u>ABELSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Mar.</u>	
8. DATE OF BIRTH <u>unk.</u>		9. AGE (In years) (Last birthday) <u>ab 83</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ind. Aid for Blind</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY <u>USSR</u>	
13a. FATHER'S NAME <u>Abelson</u>		13b. MOTHER'S MAIDEN NAME <u>Riva</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Abelson 749 Leland</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterioscler. heart disease</u> DUE TO (c) <u>lymphatic leukemia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>  <u>11</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 25</u> , 19 <u>52</u> , to <u>Sept 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 26</u> , 19 <u>54</u> , and that death occurred at <u>10:55 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray H. Sealey M.D.</u>				23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>9/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>9/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emet</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/26/54</u>		REGISTRAR'S SIGNATURE <u>Harold S. Stumbe, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed George J. Desic  
Licensed Embalmer No. 30,111

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.