

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6124**  
Registrar's No. **1366**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1366</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 day</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Jewis h Hosp. 0 J 59</b>				e. STREET ADDRESS (If rural, give location) <b>5932 Bartmer</b>				
3. NAME OF DECEASED (Type or Print) <b>ABRAHAM EISEN</b>			a. (First)		b. (Middle) <b>0</b>		c. (Last)	
4. DATE OF DEATH <b>Feb. 13, 1955</b>		(Month) (Day) (Year)		5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>Jan. 15, 1884</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Bldg.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
13a. FATHER'S NAME <b>Eisen</b>			13b. MOTHER'S MAIDEN NAME <b>Annie</b>			14. NAME OF HUSBAND OR WIFE <b>9</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Annie Eisen 5932 Bartmer</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Lymphosarcoma</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331KH</b>				
22. I hereby certify that I attended the deceased from <b>October 1954</b> , to <b>Feb 13, 1955</b> , that I last saw the deceased alive on <b>Feb 13, 1955</b> , and that death occurred at <b>9:10 p. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Charles D. Ottensmeyer M.D. 0</b>			23b. ADDRESS <b>4257 Humphrey St, St. Louis</b>			23c. DATE SIGNED <b>2-14-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>2/15/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 14 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>4715 McPherson Berger Memorial</b>				

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.....  
Signature of Student Embalmer

Signed..... *James J. Bernin*

Licensed Embalmer No..... *3798*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.