

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 47 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		e. STREET ADDRESS (If rural, give location) 6 1381a Clara 20690	

3. NAME OF DECEASED (Type or Print) a. (First) MEYER b. (Middle) c. (Last) AVERBUCH		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	8. DATE OF BIRTH Jan. 8, 1908
9. AGE (In years last birthday) 47	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Tavern Operator	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Morris Averbuch	13b. MOTHER'S MAIDEN NAME Esther Greenberg	14. NAME OF HUSBAND OR WIFE Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 489-03-3168	17. INFORMANT'S SIGNATURE OR NAME Rose Averbuch 1929 N. Hanley

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		HYPER TENSIVE HEART DISEASE		4 years	
ANTECEDENT CAUSES		DUE TO (b) ARTERIAL HYPERTENSION		6 years +	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		MYOCARDIAL INFARCTION		1 day	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	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

22. I hereby certify that I attended the deceased from 11/12, 1949, to 11/20, 1953, that I last saw the deceased alive on 11/20, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE David Feldman	(Degree or title) C	23b. ADDRESS 539 N. GRAND ST. LOUIS, MO.	23c. DATE SIGNED 11/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 11/22/55	24c. NAME OF CEMETERY OR CREMATORY Beth Ham. Hagadol	24d. LOCATION (City, town, or county) (State) Ladue, Mo.

DATE REC'D BY LOCAL REG. NOV 21 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
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WRITE PLAINLY—USING UNFAADING 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.....
Lawrence J. De...

Licensed Embalmer No.....
280

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.