

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 39183

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10178

2009

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 da.</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Resimix DeLong Hosp.</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mohammed</u> b. (Middle) <u>Abed</u> c. (Last) <u>Abel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 5 56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Mohammed</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>7-27-91</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vendor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Palestine</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vendor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods Peddle</u>	12. CITIZEN OF WHAT COUNTRY? <u>Palestine</u>
13a. FATHER'S NAME <u>Abdul Hameed</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-24-6199</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELIAS ISSA</u> ADDRESS <u>3846 DE TOIT ST</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>Peritonitis (primary) & hepatic failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>7-8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>unknown</u> DUE TO (c) <u>Chronic liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic liver? long standing heart failure?</u> <u>581-0</u>	
19a. DATE OF OPERATION <u>10-29-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Peritonitis & serositis of all visceral organs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>St. Louis Mo.</u>	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>home</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>N.A.</u>	
22. I hereby certify that I attended the deceased from <u>10-28</u> , 19 <u>56</u> , to <u>11-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>56</u> , and that death occurred at <u>11:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles A. High</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1325 S. Grand</u>	23c. DATE SIGNED <u>11-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>NOV 7 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute</u> ADDRESS <u>2906 Gravois</u>	

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leo J. Budd

Licensed Embalmer No. 398
P. O. Address St. Louis

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.