RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033499

FILED VS SEP 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8325 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 470 Lake
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: John Middle: T. Last: Abeles
4. DATE OF DEATH Month Day Year: Sept. 8, 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: March 22, 1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investments
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Julius D. Abeles
13b. MOTHER'S MAIDEN NAME: Emily Taussig
14. NAME OF HUSBAND OR WIFE: Abby Abeles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: yes
17. INFORMANT: Mrs. John T. Abeles Address: 470 Lake St. Louis Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.0
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pyloric obstruction due to duodenal ulcer
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from November 1958, to Sep 8, 1959 and last saw him alive on Sep 8, 1959
Death occurred at 10 30 am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Michael M. Karl, M.D.
22b. ADDRESS 4652 Maryland Av.
22c. DATE SIGNED 9-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 10, 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri.
24. FUNERAL DIRECTOR: R. Lupton and Sons ADDRESS: 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG.: SEP 9 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 3864

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
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.