N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
File No. 39227
Registered No. 10260

1. PLACE OF DEATH
County ..... Township .....
City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Hyman Abelson
(a) Residence, No. 1117 Louisville St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Horwitz Abelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1876

7. AGE: Years: Abt. 60 yrs; Months: ; Days: ; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glazer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kaunas Lithuania

FATHER
13. NAME: Joseph Abelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER
15. MAIDEN NAME: Rachel Pollack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT: Ben Abelson
(ADDRESS) 1117 Louisville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 10/12/36, 19

19. UNDERTAKER N. B. Berger
(ADDRESS) 4745 McPherson

20. FILED OCT 12 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1934, to Oct 10, 1936
I last saw him alive on Oct 10, 1936. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of lungs	
Chronic myocarditis	
5/12	

Other contributory causes of importance: Carcinoma left kidney with metastasis to liver, Portal vein obstruction

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Samuel Wolff, M. D.
(Address) 2906 N. Union