

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11 1939

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

Do not use this space.

41360

1. PLACE OF DEATH

County 1 Registration District No. 791
Township _____ Primary Registration District No. 1008
City St. Louis (No. Jewish Hosp.) _____ St. _____ Ward _____

File No. _____
Registered No. 11052
St. _____ Ward _____

2. FULL NAME Philip Aberson

(a) Residence, No. 1217 a Blackstone St. 5 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens clothing
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) Lithuania
13. NAME Leo Aberson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania
15. MAIDEN NAME Hannah (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT Hillard Aberson
(ADDRESS) 6251 Cabanne
18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 12/25 1938

19. UNDERTAKER H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED _____ 19 J. B. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1938
22. I HEREBY CERTIFY, That I attended deceased from 12-22-1938, to 12-23-1938
I last saw him alive on 12-22-1938 Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Arterio Sclerosis
Ac. Pulmonary Edema
No Pneumonia, nor tubercular
Date of onset 12-22-38

Name of operation _____ Date of _____
What test confirmed diagnosis? exam 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) Chas. S. Row M. D.
(Address) 408 Humboldt Bldg
St. Louis Mo

Aberson, Philip,

I, Herbert I. Berger.....

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Herbert I. Berger

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