

Registration District No. 291

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Burd
(If rural, give location)
(e) ~~Foreign born (longer in U.S.A. _____ years~~

3. (a) PRINT FULL NAME Abraham Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. 16.5

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Roberts

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased June
(Month)

1 (Day) 1892 (Year)

8. AGE: Years 47 Months 4 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Kaunas
(City, town, or county)

Lithuania
(State or foreign country)

10. Usual occupation Salesman

11. Industry or business Wholesale Dresses

12. Name Hirschel L. Routhbard

13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name Sava Formansky

15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Roberts

(b) Address 5210 Enright

17. (a) Burial (b) Date thereof 10 22 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) OCT 22 1939 (b) J. B. Bisher
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 20
year 1939 hour 4 minute 45 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis with concentric Cardiac Hypertrophy

Due to 920

Other conditions Chronic Emphysema non Tubercular

Major findings: Of operations _____

Of autopsy see above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 10.22.39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

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 this body is not embalmed, above space should be left blank.