

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

Do not use this space.

4843

1. PLACE OF DEATH

County..... Registration District No. 700
Township..... Primary Registration District No. 1000
City St. Louis (No. Jeuneur Hospital) St. Ward)

File No.
Registered No. 1073

2. FULL NAME

Abraham Waxelman (WAXELMAN)
(a) Residence, No. 4414 Manchester 18 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Freda Waxelman</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>			
7. AGE	YEARS <u>67</u>	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.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	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) <u>Russia</u>			
FATHER	13. NAME <u>Morris David Waxelman</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
	15. MAIDEN NAME <u>Sadee</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
	17. INFORMANT (ADDRESS) <u>Eloise Waxelman 1009 N. Compton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel of the Resurrection</u> DATE <u>Feb. 19</u> 19 <u>40</u>			
19. UNDERTAKER (ADDRESS) <u>Odenhandel 4469 Washington</u>			
20. FILED <u>FEB 19 1940</u> <u>J. B. ...</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/40, 19

22. I HEREBY CERTIFY That I attended deceased from 2/17/40, 19 2/18/40, 19

I last saw him alive on 2/18/40, 19. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:
Cerebral accident

Date of onset

Other contributory causes of importance:
Arteriosclerosis heart disease
Sten. Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) L. M. Kotner, M. D.
(Address) Jeuneur Hosp.

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.

Not Embalmed