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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 22 1941

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **9482**

1. PLACE OF DEATH:

(a) County.....
(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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis- MO.** (If outside city or town limits, write "RURAL")
(d) Street No. **2731a Goodfellow** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ann Abramson**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jack Abramson** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 41 -- -- hr. min.

9. Birthplace **Kansas City Mo. 1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

MOTHER FATHER

11. Industry or business.....

12. Name **Adolf Pucker**

13. Birthplace **Hungary 8**
(City, town, or county) (State or foreign country)

14. Maiden name **Esther Jacobs**

15. Birthplace **Hungary 8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jack Abramson**

(b) Address **2731 a Goodfellow**

17. (a) **removal** (b) Date thereof **11-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo.**

18. (a) Signature of funeral director **Herman Road**
(b) Address **5216 Delmar Blvd.**

19. (a) **NOV 29 1941** (b) **J. J. Boedick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28th**
year **1941** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 20**, 19**41** to **Nov. 28**, 19**41**
that I last saw her alive on **Nov. 28**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial Failure
Due to **chronic**

Due to **Malignant Hypertension**

Other conditions **Scleroderma**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **93d**

Of autopsy..... **93c**

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?
(Specify type of place)

While at work?..... (b) Means of injury **0**

23. Signature **L. Cole** (M. D. or other) **M.D.**
Address **26 S. Kingshighway** Date signed **11/29/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1950

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 *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 9th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.