

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39454

State File No. _____

FILED DEC 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2403

1. PLACE OF DEATH:

(a) County St. Louis Lemay

(b) City or town St. Louis County, Mo. Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mt. St. Rose Sanatorium //
(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: 000

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5052 Dewey
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eleanor Herchert-Abroson

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22, 1924
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>16</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri //
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Abroson

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

14. Maiden name Angela Luzyuski

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

16. (a) Informant Michael Abroson

(b) Address 5052 Dewey

17. (a) Burial (b) Date thereof 12-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director _____
SOUTHERN FUNERAL HOME
6322 S. Grand Blvd.

(b) Address _____

19. (a) NOV 29 1941 (b) C. H. Mc
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July
31 1941 to Nov 28 1941
that I last saw her alive on Nov 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Far Advanced Pulmonary Tuberculosis 10 mos. +

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____ (Means of injury) _____

23. Signature Andrew P. Huse (M. D. or other) _____
Address 607 No Grand Date signed 11/29/41

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

Dr. HENSKER
W. City Plus
Je 6148

6 to 8 this PM
1 to 3 Saturday

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

Virgil L. Berryman

Licensed Embalmer No. *4018*

P. O. Address. *St. Louis Mo.*

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, fact should be so stated above.