

FILED FEB 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: 1379 Clara Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 38 years (Specify whether years, months or days)  
In this community. \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis  
(c) City or town. 1379 Clara Ave. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country. No (Yes or No)  
If yes, name country \_\_\_\_\_ 38 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1940 to Jan. 5, 1942.  
that I last saw him alive on Jan. 5, 1942  
and that death occurred on the 5 day and hour stated above.

Immediate cause of death. arterio-sclerotic heart disease Duration Year  
Due to arterio-sclerotic Year

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature Arthur E. Stank (M. D. or other) M. D.  
Address 539 N. Grand Date signed 1/5/42

3. (a) PRINT FULL NAME Abraham David

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

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

6. (b) Name of husband or wife Bettie David 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 10 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Braila Roumania (City, town, or county) (State or foreign country)

10. Usual occupation Glazing Contractor

11. Industry or business \_\_\_\_\_

12. Name Lieb David

13. Birthplace Roumania (State or foreign country)

14. Maiden name Gitel Marcus (State or foreign country)

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

16. (a) Informant Mrs. Bettie David

(b) Address 1379 Clara Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) JAN 6 1942 (Date received by local registrar) J. F. Briedeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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**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. *1577*

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, fact should be so stated above.**