

S. No. 2
M-9-4-41
Rev. 5-17-39
WI X29484

26015

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 1 1942 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7070

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:
5181 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 19 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 12
(d) Street No. 5181 Cates
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Abraham Leon Mairson

3. (b) If veteran, name war No 3. (c) Social Security No. 488-09-2207

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

6. (b) Name of husband or wife Rebecca S. Mairson 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 8 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>15</u>	hr. _____ min.

9. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Metropolitan Life Ins. Co.

12. Name Morris Mairson

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

14. Maiden name Mary (unk)

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

16. (a) Informant Mrs. Rebecca Mairson
(b) Address 5181-Cates

17. (a) burial (b) Date thereof 8/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson
(b) Address J. T. Medeck

19. (a) AUG 21 (b) J. T. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 9, 1940
to Aug 23, 1942
that I last saw him im alive on Aug 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (c) Means of injury _____
23. Signature Marshall Bily (M. D. or other) 8/24/42
Address 2739 77th Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

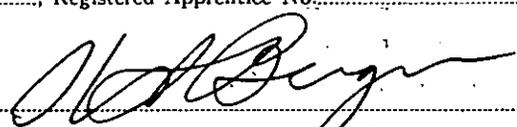
MOTHER FATHER

844

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.....

1897

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.