

S. No. 2
4-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3883
State File No. _____
Registrar's No. 1320

FILED FEB 18 1943
Registration District No. 318

Primary Registration District No. 1003

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis mo
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 mo
In this community 36 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Solomon Averbush
3. (b) If veteran, name war no
(c) Social Security No. 494-01-2787

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased. unknown 1891
(Month) (Day) (Year)

8. AGE: Years about 52 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation Russian Ladies' Dress

11. Industry or business Russian Ladies' Dress

12. Name David Averbush

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

14. Maiden name Edith Averbush-Cutter

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

16. (a) Informant Mrs Goldie Averbush
(b) Address 727 1/2 Limit Ave

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb-10-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel Street Smith
18. (a) Signature of funeral director Herbanger E.L.
(b) Address 4461 Washington Blvd
19. (a) Feb 10 1943
(Date received local registrar) (b) J. J. Bredek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 Granville Pl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 9
year 1943 hour _____ minute 730 AM.

21. I hereby certify that I attended the deceased from Feb 8
1943 to Feb 9 1943
that I last saw him alive on Feb 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction
Pulmonary Edema
Due to Cerebral thrombosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) HT

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature Julius Olson (M. D. or other)
Address 4500 Olive Date signed 2/9/43

Duration
Physician
Underline the cause to which death should be charged statistically.

FEB 10 1943

(Licensed Embalmer's Statement on Reverse Side)

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

W. J. Penhance
.....
Licensed Embalmer No. *3669*.....

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.