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S. No. 2
OM—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23037

State File No.

FILED AUG 12 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7069

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 30 Years In St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 4 25

(a) State Missouri (b) County

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

(d) Street No. 514 S 4th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Basahara Simon Haddad

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased About 1858
(Month) (Day) (Year)

8. AGE: Years About 85 | Months | Days | If less than one day hr. min.

9. Birthplace Syria 8
(City, town, or county) (State or foreign country)

10. Usual occupation Day Labourer

11. Industry or business

FATHER
12. Name Slyman Haddad
13. Birthplace Syria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Syria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Kerry

(b) Address 716 S 4th St.

17. (a) Burial (b) Date thereof Aug 5 /43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos Lutes & Son

(b) Address 2906 Gravois Ave.

19. (a) AUG 5 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3.
year 1943 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from July 30. 1943 to August 3. 1943;
that I last saw him alive on August 3. 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY	4 days
Due to ARTERIOSCLEROSIS (2) BRONCHO PNEUMONIA	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 83	

Major findings:
Of operations

Of autopsy SAME + OLD INFARCT OF LEFT VENTRICLE OF HEART

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? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 8/4/43

(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 David M. Van Hassan

Licensed Embalmer No. 4247

P. O. Address 2906 Dennis

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.