

FILED DEC 3 1943
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Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10287

1. PLACE OF DEATH:

(a) County St. Louis
(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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 Ruskin
(If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Abraham Shupack
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 22
year 1943 hour 6 minute 45 P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rebecca Shupack 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1943, to Nov. 22 1943
that I last saw him alive on Nov. 22 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 7 7 hr. _____ min.

Immediate cause of death acute anterior coronary occlusion with infarction
Due to arterio sclerosis
Duration 7-10 days

9. Birthplace Poland (City, town, or county) (State or foreign country) 4
10. Usual occupation Merchant

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

11. Industry or business Retail Shoes
12. Name Abraham Shupack
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
14. Maiden name (Unknown)
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

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 _____

16. (a) Informant Samuel Shupack
(b) Address 1019 Ruskin, Edwardsville, Ill
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation B'Nai Amoona

23. Signature Edmond D (M. D. or other) 11/22/43
Address 607 N. Grand Date signed 11/22/43

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) NOV 24 1943 (b) J. J. Budick (Date received local registrar) (Registrar's signature)

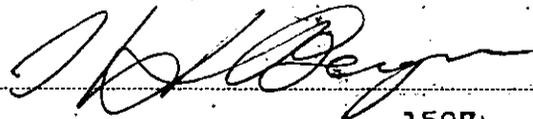
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 1597

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.