

FILED DEC 22 1943 818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.

39483

11019

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5821a Minerva
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Abraham Barron

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Rose Barron 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 57 Months -- Days -- If less than one day
about 57 hr. min.

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

10. Usual occupation Tailor

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Sam Barron

(b) Address 5821a Minerva

17. (a) Burial (b) Date thereof 12-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindtshoff

(b) Address 5216 Delmar Blvd.

19. (a) DEC 13 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5821a Minerva (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1943 hour 5:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from August
1943 to December 11, 1943
that I last saw him alive on Dec 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease
Duration about 5 y

Due to _____

Due to _____

Other conditions Cerebral arteriosclerosis about 1 1/2 y
(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 _____

23. Signature J. F. Bredeek (M. D. or other) MD

Address 462 No Taylor Date signed 12/1/43

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 *William Hiron*

Licensed Embalmer No. *4319*

P. O. Address *5216 Delmar*

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.