

FILED MAY 15 1944  
 378

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **4033**

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: Jewish Hospital  
 (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 L. Cherrick  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Essie Cherrick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: not known  
 (Month) (Day) (Year)

8. AGE: Years About 51 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lithuania 6  
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant  
Shoes

11. Industry or business \_\_\_\_\_

12. Name Unknown  
 13. Birthplace Lithuania 6  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace Lithuania 6  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leo Cherrick  
 (b) Address 5031 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-44  
 (Month) (Day) (Year)

(c) Place: burial or cremation Beth Homadresh Synagogue

18. (a) Signature of funeral director A. Rindshoff  
 (b) Address 5216 Delmar

19. (a) MAY 1 1944 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1003**  
 (a) State Illinois (b) County 11  
 (c) City or town Anna (If outside city or town limits, write "RURAL") **N.P.**  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 2

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 28  
 year 1944 hour 7 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from April 16, 1944 to April 28, 1944  
 that I last saw him alive on April 28, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma liver Duration 4 mo.

Due to \_\_\_\_\_  
 Due to carcinoma sigmoid ?  
Primary site

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations H6  
 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 Joseph Magidom (M. D. or other) MD  
 Address 5216 Westgate Date signed 4-29-44

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

**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 John Ketterer  
Licensed Embalmer No. 3830  
P. O. Address. 4355 Washington

**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.**