

FILED JUL 8 1944

5844

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 ((If outside city or town limits, write "RURAL" and name of township))
 (c) Name of hospital or institution:
5903A Enright Ave.
 ((If not in hospital or institution, write street number or location))
 (d) Length of stay: In hospital or institution.....
 In this community 50 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Abraham Isaac Chosid

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Sarah Belle Chosid 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased May 26, 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	1	2	hr. min.

9. Birthplace Poland
 (City, town, or county) (State or foreign country)10. Usual occupation Egg and poultry dealer11. Industry or business wholesale and retail12. Name Hyman Chosid13. Birthplace Poland
 (City, town, or county) (State or foreign country)14. Maiden name Gitel Shaindel15. Birthplace Poland
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Harry Chosid(b) Address 5903A Enright17. (a) burial (b) Date thereof 6/30/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shel Emeth18. (a) Signature of funeral director Berger Memorial(b) Address 4715 Mc. Pherson19. (a) JUN 20 1944 (b) (Registrar's signature) J. P. Brink
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 ((If outside city or town limits, write "RURAL")
 (d) Street No. 5903A Enright
 ((If rural, give location))
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1944 hour 5 minute - P.M.

21. I hereby certify that I attended the deceased from March 1
1944 to June 28 1944
 that I last saw him alive on June 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Stomach 14 mo.

Duration

Due to.....

Due to.....

Other conditions.....
 (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 Jerome C. Cook (M. D. or other)
 Address 508 N. Grand St. Date signed 6/29/44

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 318

Primary Registration District No. 1803

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:
(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 J. Chosud

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased May 2 (Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) JUL 11 1948 (b) J. F. Bruesch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19563