

No. 2
5-43
5-17-39
I X36671

FILED SEP 30 1944
Registration District No. 818

Primary Registration District No. 1003

State File No. _____
Registrar's No. 7953

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital
(d) Length of stay: In hospital or institution 22 years
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 7136 Dartmouth
(d) Street No. 7136 Dartmouth
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Albert Elbein
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 15
year 1944 hour 9 minute 37 A. M.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Doris Gittel Elbein
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 24, 1903

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

8. AGE: Years 41 Months 5 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Occlusion
Chronic myocarditis
Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Wishnowitz Volhynia Poland 4
10. Usual occupation parking lot owner

11. Industry or business _____
12. Name Aaron Michael Elbein
13. Birthplace Poland 4
14. Maiden name Esther Harris
15. Birthplace Poland 4

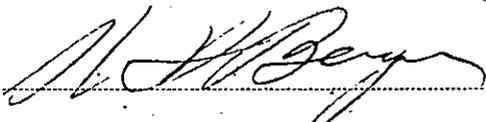
16. (a) Informant Mrs. Doris Elbein
(b) Address 7136 Dartmouth
17. (a) burial (b) Date thereof 9/17/44
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.
19. (a) SEP 17 1944 (b) J.F. Bredeck

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 9/16/44

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 comply with the above constitutes grounds for revocation of license.)

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