

No. 2  
5-17-39  
X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18563

State File No.

FILED JUN 10 1945

318

Primary Registration District No.

1003

Registrar's No.

5002

Registration District No.

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

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:  
5722 McPherson Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 55 years  
years, months or days) (Specify whether)

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. 5722 McPherson Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Jacob Blustein

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

8. AGE: Years Months Days If less than one day  
about 80 hr. min.

9. Birthplace Rovna Volhynia Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Dry Goods

11. Industry or business retired

12. Name Abraham Blustein

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

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

16. (a) Informant Sherman Blustein

(b) Address 6330 Southwood, Clayton, Mo.

17. (a) burial (b) Date thereof 6-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) JUN 6 1945 (Date received local registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1945 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 5, 1945, to June 5, 1945;  
that I last saw him alive on June 5, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema Duration 1 day

Due to Arteriosclerotic heart disease years.

Due to.....  
Other conditions central arteriosclerosis 4 years.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy none  
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 Joe Fineberg (M. D.)  
Address 390 O'live Date signed 6-5-45

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**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.**