

FILED JUN 19 1945 318

State File No.

5045

Registration District No.

Primary Registration District No.

1003

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:
5729 Westminster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME Abe Platt

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 Laura Platt 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 21 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Brooklyn N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician
Chiropractic

11. Industry or business

12. Name Jacob Platt

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

14. Maiden name Sophie Butcher

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

16. (a) Informant Laura Platt
(b) Address 5729 Westminster

17. (a) Burial (b) Date thereof 6-7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
Chesed Shel Emeth Cem

(c) Place: burial or cremation
18. (a) Signature of funeral director H. Rindolf
(b) Address 5216 Delmar Blvd.

19. (a) JUN 7 1945 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5729 Westminster
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from August 1944 to June 5 1945
that I last saw him alive on 5/29/45
and that death occurred on the date and hour stated above.

Immediate cause of death:
Generalized Carcinoma
(Primary in Colon)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Carcinoma
in abdomen
Of autopsy

Duration
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 Thos C. Wimber (M. D. or other)
Address 508 N. Grand Date signed 6/7/45

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

979

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..... *HFB Burgess*

Licensed Embalmer No. *4029*

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.