

STANDARD CERTIFICATE OF DEATH
1003

State File No. 25789
7158
Registrar's No.

National Office of Vital Statistics
FILED AUG 8 1947 318
Registration District No.

Primary Registration District No.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5743 WESTMINISTER
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (17)
(If outside city or town limits, write "RURAL")
(d) Street No. 5743 WESTMINISTER 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ABRAHAM M. LIGHT
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 30
year 1947 hour 6 minute 30 p. M.
21. I hereby certify that I attended the deceased from January, 1947, to..... 19.....
that I last saw him alive on July 30, 1947,
and that death occurred on the date and hour stated above.

5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
4. Sex MALE
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased JANUARY 25 1868
(Month) (Day) (Year)

Immediate cause of death:
myocarditis, chronic
arteriosclerosis, generalized
senescent
Due to.....
Due to.....
Other conditions:
(Include pregnancy within 3 months of death) anemia, secondary
senescent

8. AGE: Years 79 Months 6 Days 5
If less than one day
hr. min.

Major findings:
Of operations None
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED TAILOR
11. Industry or business.....
12. Name UNKNOWN
13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant EMMA LIGHT
(b) Address 5743 WESTMINISTER
17. (a) BURIAL (b) Date thereof AUG 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM.
18. (a) Signature of funeral director Thomas Kuter's Son
(b) Address 2906 GRAVOIS
19. (a) AUG 1 1947 (b) J. F. Bredeak
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Staved Freedman (M. D. or other) MD
Address 634 No. Grand Blvd Date signed Aug 1 1947

1106 Mo. Bell
10 to 12 am
B. K. ...

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 Harold C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Yewes

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.