

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6694**
Registrar's No. **1254**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hosp**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **2125 A Cass**

3. NAME OF DECEASED
(Type or Print) a. (First) **ABRAHAM** b. (Middle) **ABE** c. (Last) **STEIN**

4. DATE OF DEATH (Month) (Day) (Year) **2-7-1951**

5. SEX **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married**

8. DATE OF BIRTH (unknown) **9. AGE (In years last birthday)** **ab. 50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machine operator**

10b. KIND OF BUSINESS OR INDUSTRY **Leather**

11. BIRTHPLACE (State or foreign country) **USSR**

12. CITIZEN OF WHAT COUNTRY **(unk)**

13a. FATHER'S NAME (unk) **Stein** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Frances Stein**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **488-07-1566** **17. INFORMANT'S SIGNATURE OR NAME** **Sidney Stein** **ADDRESS** **2125a Cass Ave**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Barbiturate Poisoning**
ANTECEDENT CAUSES **self administered at his home 2125 Cass Ave on Feb 7 1951 at about 630 am**
DUE TO (b) **at about 630 am**
DUE TO (c) **Suicide while suffering from temporary mental**

II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **Laceration** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **E970B**

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Walter Henry Smith** (Degree or title) _____ **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **2/8/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** **24b. DATE** **2/8/51** **24c. NAME OF CEMETERY OR CREMATORY** **Chesed Shel Emeth** **24d. LOCATION (City, town, or county) (State)** **University City, Mo.**

DATE REC'D BY LOCAL REG. **FEB 8 1951** **REGISTRAR'S SIGNATURE** **J. B. Raster** **25. FUNERAL DIRECTOR'S SIGNATURE** **Berger Memorial** **ADDRESS** **4715 McPherson**

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

23248

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines* _____
Licensed Embalmer No. *4108* _____
P. O. Address *St. Louis, Mo.* _____

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.