

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1955

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1003

State File No. 19829

4763

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		STREET ADDRESS (If rural, give location) Westgate Hotel-706 N. Kingshighway	

3. NAME OF DECEASED (Type or Print)	a. (First) Rae	b. (Middle) -	c. (Last) Abrams	4. DATE OF DEATH (Month) (Day) (Year) May 27 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED (Specify) never married	8. DATE OF BIRTH March 10, 1902	9. AGE (In years) (Last) (Day) (Month) 53	10. IF UNDER 1 YEAR (Months) _____	11. IF UNDER 24 HRS. (Hours) _____	12. IF UNDER 48 HRS. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work or business most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY office work	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Louis Abrams	13b. MOTHER'S MAIDEN NAME Nettie Cohen	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Harry Abrams	ADDRESS 6678 Washington
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symphoricaric		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2001
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22. I hereby certify that I attended the deceased from **5-20**, 19**55**, to **5-27**, 19**55**, that I last saw the deceased alive on **5-27**, 19**55**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD Kerstein	23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 5-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-55	24c. NAME OF CEMETERY OR CREMATORY Mt Sinani	24d. LOCATION (City, town, or county) (State) St Louis County, Mo
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DATE REC'D BY LOCAL REG. MAY 31 1955	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Meyer	ADDRESS MAYER FUNERAL HOME 4356 Lindell
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Elmo R. Sadwell*.....

Licensed Embalmer No. 407.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.