

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007818
STATE FILE NUMBER
1387

FILED MAR 9 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. 1387

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City 4336	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 1 day		d. STREET ADDRESS 6320 Enright	

3. NAME OF DECEASED (Type or print) First Middle Last ABRAHAM L. YEVELSON			4. DATE OF DEATH Month Day Year Feb. 9, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5, 1886 Unknown	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Bakery Prop.	11. BIRTHPLACE (City and state or country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unk. Yevelson	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Mollie
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) Yes	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mollie Yevelson 6320 Enright	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>		yrs.
	DUE TO (c) <u>120.0</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) ITEM 8, 9 3-20-1959 SET CORRECTED
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	BY: 1. AFFIDAVIT OF <u>Funeral Director</u> 2. DOCUMENT <u>Metrogation Inc. Policy # 11-278807 A 12-30-1923</u>

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION UNIVERSITY CITY	COUNTY ST. LOUIS	STATE MISSOURI
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21. I attended the deceased from <u>June 1954</u> to <u>Feb. 1959</u> and last saw him alive on <u>Feb. 9, 1959</u> Death occurred at <u>8:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Melvin R. Goldman, M.D.</u>	(Degree or title)	22b. ADDRESS <u>634 N. Grand</u>	22c. DATE SIGNED <u>Feb. 9, 1959</u>
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23a. BURIAL, CREMATION, TOWNSHIP (Specify) <u>Temple</u>	23b. DATE <u>2/10/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cheвра Kadisha</u>	23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Berger Memorial</u>	ADDRESS <u>4715 Sherman</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 9 59</u>	26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 23 1958

MAY 27 1958

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 *[Signature]*
Licensed Embalmer No. *3988*

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