

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011834

STATE FILE NUMBER

AMENDED  FILED MAR 27 1961 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 691

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Length of stay in 1b <b>5 yrs.</b>	c. CITY OR TOWN <b>University City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6305 North Drive</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6305 North Drive</b>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>H.</b> Last <b>ABERSON</b>		4. DATE OF DEATH Month <b>Mar.</b> Day <b>11</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Unk.</b>
9. AGE (last birthday) <b>Ab. 63</b>		IF UNDER 1 YEAR Months <b>63</b> Days	IF UNDER 24 HR Hours <b>63</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Dry Gds.</b>	11. BIRTHPLACE (City and state or country) <b>Lithuania</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Unk. Aberson</b>	
13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Unk.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes <input checked="" type="checkbox"/> unknown) (If yes, give year or dates of service) <b>W.W.I</b>		16. SOCIAL SECURITY NO. <b>W.W.I</b>	
17. INFORMANT <b>Wm. Kisslinger</b>		Address <b>6305 North Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown Natural Causes</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>3:05 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John C. Murphy MD, Asst. Health Commissioner</b>		22b. ADDRESS <b>801 S. Brentwood Clayton, Mo.</b>	22c. DATE SIGNED <b>3/20/61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	23b. DATE <b>3/12/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hebrew Cemetery</b>	23d. LOCATION (City, town, or country) <b>Minneapolis, Minn.</b>
24. FUNERAL DIRECTOR <b>Berger Memorial 4715 McPherson</b>		25. DATE RECD. BY LOCAL REG. <b>3-12-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy MD</b>

**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

*James J. Rudwig*  
\_\_\_\_\_  
Licensed Embalmer No. 4329

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.