MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3692

1. PLACE OF DEATH

County ..... Registration District No. 1000

Township ..... Primary Registration District No. .....

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 647

2. FULL NAME Mr. Sam Lerner

(a) Residence, No. 4535 Newberry St., 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Lerner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1 - 1867

7. AGE: YEARS 65 | MONTHS 8 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

FATHER

13. NAME: Louis Lerner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Flora Lerner, 4535 Newberry Ter.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesed Shel Emeth DATE: Jan. 20, 1933

19. UNDERTAKER (ADDRESS): H. Rindskopf, 5216 Delmar

20. FILED: JAN 18 1933 19 Max C. Starkey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1933, to 1/18, 1933

I last saw him alive on 1/17, 1933. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial collapse left lung?	1/17/33

Other contributory causes of importance:

Hypetrophic prostate	12/8/32
Urinary retention	12/8/32

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl J. Heifetz, M. D.

(Address) Jewish Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLANET INTO UNFADING INK—THIS IS A PERMANENT RECORD