

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

Do not use this space.

22355

1. PLACE OF DEATH Jul 8 - 1937

County

Registration District No. 791

File No.

Township

Primary Registration District No. 1008

Registered No. 6107

City St. Louis, Mo. (No. Jewish Hospital)

St. Ward) 1

2. FULL NAME Baby Girl Lisak

(a) Residence, No. 5803 1/2 Perry Ave. St. 6 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>A.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Stillborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, 1937</u>		
7. AGE YEARS <u>Stillborn</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Maurice Lisak</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	15. MAIDEN NAME <u>Bertha Levin</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Maurice Lisak 5803 1/2 Perry Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesrah Kaduka</u> DATE <u>June 24, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Don Landley, Funeral Dir. 4469 Washington Blvd.</u>		
20. FILED <u>JUN 24 1937</u> <u>J. J. Bredeck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to June 23, 1937.
I last saw him alive on death. Death is said to have occurred on the date stated above, at 1:17 p. m.
The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset

Other contributory causes of importance:
Brown injury during labor.

Name of operation Date of
What test confirmed diagnosis? clinical 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? no
If so, specify
(Signed) Henry E. Rosenberg M. D.
(Address) 4503 Page Blvd

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.

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