

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

30857
Do not use this space.

1. PLACE OF DEATH

DECD OCT 12 1938

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Da Paul Hosp. Registered No. 8294
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Lerner

(a) Residence, No. 744 Heman St. W City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) Bessarabia Roumania

FATHER 13. NAME Abraham Gross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

MOTHER 15. MAIDEN NAME Fruma Esther (unk)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

17. INFORMANT Dr. A. F. Lerner
 (ADDRESS) 744 Heman

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 9/22/38

19. FUNERAL DIRECTOR (NAME) H. B. Berger
 (ADDRESS) 4715 McPherson Ave

20. FILED SEP 21 1938 J. Bredex Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/38

22. I HEREBY CERTIFY, That I attended deceased from 9-19-38, 1938, to 9-21-38, 1938.
 I last saw him alive on 9-21-38. Death is said to have occurred on the date stated above, at 2 A m.
 The principal cause of death and related causes of importance were as follows:

acute coronary sclerosis
hypertension
 Date of onset 9-19-38
12 yrs

Other contributory causes of importance:
Hypertension

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Chas. A. [Signature], M. D.
 (Address) 1111 [Signature]

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.

STATEMENT BY LICENSED EMBALMER

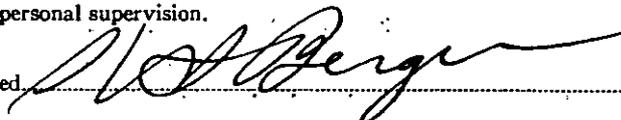
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H.I. Berger

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed



Licensed Embalmer No. 1597

P. O. Address 4715 McPherson

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 this body is not embalmed, above space should be left blank.