

NOV 16 1938

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

34003
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **2** Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **8989**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **Collinsville Ill.** St. **WA Collinsville Ill.**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose Lipshultz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 6 - 1895**

7. AGE YEARS **43** MONTHS **8** DAYS **7** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Merchant Electric Supply**
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) **Scranton Pa.**

FATHER 13. NAME **Meyer Lipshultz**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Sam Rotenberg 2704 Brannon Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive Jewish** DATE **10-16-38**

19. FUNERAL DIRECTOR (ADDRESS) **H. Rindakoff 3218 Delmar**

20. DATE **Oct 14 1938** **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-13 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 3**, 19**36** to **Dec 13**, 19**38**

I last saw him alive on **Dec 13**, 19**38**. Death is said to have occurred on the date stated above, at **7 P.** m.

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

Eudo Carditis with Myo Carditis

Date of onset **2 1/2 years**

Other contributory causes of importance: **Chronic Bronchitis**

Name of operation **None** Date of operation
What test confirmed diagnosis? **clinical symptoms** Was there an autopsy? **Yes**

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? **None**
If so, specify
John C. Evans M.D.
(Signed) **4578 Washington Ave**
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Herman Pinarkoff

Licensed Embalmer No.

2207

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.)