

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH34427
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No.
 (c) City St. Louis Mo. (d) Street No. City Hospital #1 St.
 (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.

Registered No. **9413**

2. PRINT FULL NAME

(a) Residence, No. 200 Nathan Lash
1137 Moorland Dr St. W Rich. Hts. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. waiter
 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) Russia ?

FATHER 13. NAME Unknown

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 Wm E Bequet
 (ADDRESS) 3185 Portis Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem DATE 10-31 1938

19. FUNERAL DIRECTOR Mullen Bros.
 (ADDRESS) 4259 Lindell Blvd.

20. FILED OCT 30 1938 J. Bredech
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-38 19

22. I HEREBY CERTIFY, That I attended deceased from June 21 1938, to Aug. 10 1938
 I last saw him alive on Aug 10 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage

Other contributory causes of importance:

Hypertension
Arteriosclerosis
Ch. Myocarditis

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

What test confirmed diagnosis?..... 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) W. E. Williamson M. D.

(Address) 6336 Clayton Road

ADM

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 *Thomas J. Fenwick*

Licensed Embalmer No. *3793*

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.)

St. Louis, Mo.