

REC'D DEC 12 1938

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

37894
Do not use this space.

791
1003

Registered No. 10221

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo.
(e) Length of residence in city or town where death occurred 1 2 1/2 yrs. mos. ds.

Registration District No.
Primary Registration District No.
(d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Isadore Lipschitz
(a) Residence, No. 4956 Cote Brillante St. 6
(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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ABT. 75

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year) years ago 11. Total time (years) spent in this occupation

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

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT A. A. Cook, M.D. (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel St. Meth. DATE Nov. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edgar Handler 4469 W. 14th St. St. Louis

20. FILED NOV 25 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 24, 1938
I last saw him alive on Nov. 24, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Myocarditis degeneration
11-14-38 x

Date of onset

Other contributory causes of importance:
1-Hypertension 11-14-38 x
2-Chronic Nephritis 11-14-38 x
3-Cystitis-4-Pulmonary Edema

Name of operation Prostatectomy Date of 11-14-38 x
What test confirmed diagnosis? non-prostatic 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 Yes
(Signed) Arnold A. Cook, M. D.
(Address) 5400 Arsenal St.

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

W. J. Henkardle

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

W. J. Henkardle

Licensed Embalmer No. *3669*

P. O. Address

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.