DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30704

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7767

1. PLACE OF DEATH:

(a) County 2

(b) City or town St.Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5862 Cates Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.L 1

(c) City or town St.Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5862 Cates Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adplph Lederer 366

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widdowed

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 1 (Day) 1848 (Year)

8. AGE: Years 91 Months 4 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Bohemia (State or foreign country)

10. Usual occupation Retired

11. Industry or business General Merchant 7

FATHER
12. Name unknown
13. Birthplace (City, town, or county) Bohemia (State or foreign country) 7

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Bohemia (State or foreign country) 7

16. (a) Informant's own signature Fannie Sternberg
(b) Address 5862 Cates

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-10-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Olive Jewish Cem.

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar

19. (a) SEP 8 1939 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Sept
year 1939 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1936, 19 , to Sep 5, 1939;
that I last saw h in alive on Sep 5, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Senility

Due to

Due to 93C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 Start
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. P. D. Stahl (M. D. ~~or other~~)
Address 1602 N. Taylor Date signed 9/8/39

(Licensed Embalmer's Statement on Reverse Side)

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, or by .....

....., Registered Apprentice No. 3830

working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. .....

P. O. Address 3830

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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