DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31071

Registration District No. 1003 — 791 — OCT 14 1939

Primary Registration District No.

Registrar's No. 8134

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

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

In this community 30 years

3. (a) PRINT FULL NAME Jacob Lipshitz (also known as Lipton)

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Rose Lipshitz (also Lipton)

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

7. Birth date of deceased Ab. 1887 (Month) (Day) (Year)

8. AGE: Years Ab. 52 | Months | Days | If less than one day hr. min.

9. Birthplace Mohilev (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation Furniture

11. Industry or business Second Hand

FATHER
12. Name Carl Lipshitz
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant's own signature Mrs. Rose Lipshitz
(b) Address 1521 Deer Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 21 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) SEP 21 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 1521 Deer (If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1939. hour 2:45 minute a M.

21. I hereby certify that I attended the deceased from August 20, 1939, to Sept. 21, 1939; that I last saw him alive on Sept. 21, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 12 hrs

Due to Post operative — following transurethral resection

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertensive cardiovascular disease

Major findings:
Of operations Benign prostatic hypertrophy Transurethral resection
Of autopsy None done.

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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work? No (Specify type of place) (e) Means of injury No

23. Signature Sam Gloeiden (M. D. or other)
Address Jewish Hospital Date signed 9/21/39.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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~~ H. I. BERGER, ~~Registered Apprentice No.~~, working under my personal supervision.

Signed [signature]

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.