

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
MAY JUN 1940

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 812

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6418 San Bonita
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4927 Fountain (If rural, give location)
(e) If foreign born, how long in U. S. A.? 56 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 6:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 5
1940 to May 5 1940
that I last saw him alive on May 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to _____
Due to _____
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.

8. (a) PRINT FULL NAME Julius Lippman 155

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rachael Lippman 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased Apr. 15, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 20 If less than one day hr. _____ min.

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

10. Usual occupation Salesman 7

11. Industry or business Trousers 7

12. Name Samuel Lippman

13. Birthplace _____
(City, town, or county) (State or foreign country) Lithuania

14. Maiden name Belle (unk)

15. Birthplace _____
(City, town, or county) (State or foreign country) Lithuania

16. (a) Informant Abraham I. Lippman

(b) Address 4927 Fountain

17. (a) burial (b) Date thereof 5/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Emeth

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) MAY 7 - 1940 (b) NR Meyer
(Date received local registrar) (Registrar's signature)

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?
707 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Julius Elson (M. D. or other) _____
Address 7500 Olive Date signed 5/6/40

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.