

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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 Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limit write "RURAL")  
(d) Street No. 5525 Enright  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 33 yrs years.

3. (a) PRINT FULL NAME Jacob Lampert

3. (b) If veteran, name war no 3. (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 Jennie R. Lampert 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased May 15, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 5 22 hr. min.

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

10. Usual occupation shoe repair

11. Industry or business 7

12. Name Morris Lampert

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

14. Maiden name Gittel (unk)  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Rubin

(b) Address 541 Purdue

17. (a) burial (b) Date thereof 11/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ShesedShelGmeth

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

(b) Address 4715 McPherson

19. (a) NOV 8 1940 (b) [Signature]  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7  
year 1940 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/25/40  
19   to 11/7/40, 19  ;  
that I last saw him alive on 11/7/40, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. lymphatic leukemia

Duration

2 yrs?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address Jewish Hosp. St. Louis Date signed 11/5/40

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

**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. 1597

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.**