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-13-40-
-17-39
X2317

Registration District No. **115**

Primary Registration District No. **115**

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

1. PLACE OF DEATH: **St. Louis**
 (a) County **St. Louis**
 (b) City or town **University**
 (c) Name of hospital or institution: **7008 Waterman**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 Years**
 In this community **40 Years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nathan Lerner**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Jennie Lerner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Ab.66			hr. min.

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

10. Usual occupation **Real Estate Sales**

11. Industry or business _____

12. Name **Moses (unk)**

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

14. Maiden name **Sossia (unk)**

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

16. (a) Informant **Dr. A. F. Lerner**

(b) Address **744 Heman**

17. (a) **Burial** (b) Date thereof **3/9/1941**
(Burial, cremation, or removal) (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) **MAR 8 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **University City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7008 Waterman**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **40** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**
year **1941** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan**, 19 **41**, to **March 7**, 19 **41**;
that I last saw him alive on **March 6**, 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary obstruction** **24 hrs**

Due to **Chr. coronary disease** **3 yrs.**

Due to _____
Other conditions **94%**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

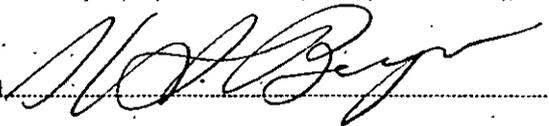
23. Signature **[Signature]** (Specify type of place) _____ (M. D. or other) **O**
Address **495 2nd Maryland** (e) Means of injury _____
Date signed **3-7-41**

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, fact should be so stated above.