

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20296**
Registrar's No. **5108**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Jewish Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **100**
(c) City or town **St. Louis, Mo.**
(d) Street No. **5754 McPherson**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Lena Wasserman**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JUNE** day **21st**
year **1941** hour **3:30** minute **P.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Herman Wasserman**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**

21. I hereby certify that I attended the deceased from **April 14, 1941 to June 21, 1941**
that I last saw her alive on **JUNE 21, 1941**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Myocarditis**

8. AGE: Years **About 63** Months _____ Days _____
If less than one day hr. _____ min. _____

Due to **Coronary Sclerosis**
Myocarditis

9. Birthplace **Russia**
10. Usual occupation **At Home**

Other conditions **Broncho Pneumonia**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Russia**
14. Maiden name **Unknown**
15. Birthplace **Russia**

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant **Sam Wasserman**
(b) Address **5754 McPherson**
17. (a) **Burial** (b) Date thereof **6-22-41**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation **BETH HANEDRETH - Aged**
18. (a) Signature of funeral director **Herman Kindschlag**
(b) Address **5216 Delmar**
19. **JUN 22 1941** (b) **J. T. Brebeck**

23. Signature **Max J. Hollenbeck**
Address **Metzger, Betty** Date signed **6/27/41**

(Licensed Embalmer's Statement on Reverse Side)

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 Chas W. Cooper
Licensed Embalmer No. 38730
P. O. Address 5216 Delmar

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.