

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7738

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 51 yrs \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5035 Cates 9  
Am Citizen (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1941 hour 1.6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 9/16 1941 to 9/25 1941;  
that I last saw h/i/m alive on 9/24 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
myocarditis - chronic  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings:  
Of operations no 93C  
Of autopsy no  
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 Jacob Stolar (M. D. or other)  
Address 708 N. Grand Date signed 9/27/41

3. (a) PRINT FULL NAME Isaac Lasersohn

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, widowed

6. (b) Name of husband or wife Jeanette Lasersohn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 14, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warsaw Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business \_\_\_\_\_

12. Name Ge'vshon Lasersohn

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

14. Maiden name Sarah (unk)

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

16. (a) Informant Mrs. Florence Caenovsky

(b) Address Ridgefield, Conn.

17. (a) burial (b) Date thereof 9/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) SEP 25 1941 (b) J. J. Bradeck  
(Date received by registrar) (Registrar's signature)

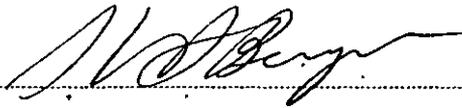
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7  
9

**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.**