

FILED MAR 10 1942
Registration District No. 20

Primary Registration District No. 20

Registrar's No. 473

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Station Hospital, Jefferson Barracks, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two (2) days
(Specify whether years, months or days)

In this community One (1) month.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Milwaukee

(c) City or town Milwaukee
(If outside city or town limits, write "RURAL")

(d) Street No. 2212 West Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2.

3. (a) PRINT FULL NAME ISADORE J. LICHTER

3. (b) If veteran, name war PRESENT

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from February
Twenty-sixth 1942 to February 27th 1942;
that I last saw him alive on February 27th
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 29 years (Day) (Year)

7. Birth date of deceased: December 29 1909
(Month) (Day) (Year)

Immediate cause of death cerebrospinal Meningitis - contributory cause: Pneumonia (diffuse Influenzal)

Due to 33 a

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 33 Months 1 Days 29
If less than one day --- hr. --- min.

9. Birthplace Milwaukee / Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business United States Army

12. Name Isadore J. Lichter

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

14. MOTHER FATHER } Name Rebecca Lichter

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

16. (a) Informant Clinical Record

(b) Address Sta. Hosp. Jefferson Bks., Mo.

17. (a) REMOVAL (b) Date thereof FEB 28, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILWAUKEE, WIS.

Major findings: Of operations

Of autopsy Confirmed 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?

(Specify type of place)

While at work? Yes (e) Means of injury

23. Signature H. Sydow, Capt. M. C. (M. D. or other) MC

Address Jefferson Barracks, Mo. Date signed 2/27/42

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

MOTHER FATHER }

APR 24 1942

MAY 5 1942

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

James C. Hoffmeister
Harry J. Schumacher

Licensed Embalmer No. ~~2679~~ 3871
1814 S. Broad

P. O. Address *722 2nd St. N. W.*

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.