

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 MOISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 8 1942  
 Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County ST Louis

(b) City or town ST Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home 1106 Bayard av  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 yrs  
(Specify whether years, months or days)

In this community 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100

(c) City or town St Louis 12 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Bayard 19  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Herman Lipschitz

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 Single

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

7. Birth date of deceased Oct 2 1920  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
 year 1942 hour 2:30 minute 09 M.

21. I hereby certify that I attended the deceased from 3/2 to 3/11 1942  
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>5</u>	<u>9</u>	.....hr. ....min.

Immediate cause of death  
Pneumonia  
Bronchial

Duration 10 days

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

Other conditions (includes pregnancy within 4 months of death)  
Acute Myocarditis  
Chronic

Major findings:  
 Of operations 93d

Of autopsy 93c

PHYSICIAN 93c

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business None

12. Name David Lipschitz

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

14. Maiden name Rose Lipschitz-Crane

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

16. (a) Informant Morris Silverman

(b) Address 6090 Maple

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Mar 12 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Cheresh Kadika Conty

18. (a) Signature of funeral director O. E. ...

(b) Address 4469 Washington Blvd

19. (a) APR 12 1942 (b) J. F. Braddock  
(Date) (Registrar's signature)

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 W. J. ... (M. D. or other) 93d  
 Address 108 N. ... Date signed 3/11/42

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**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

*J. B. Kennerly*

Licensed Embalmer No..... *369*

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.**