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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19021

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1318

96
13
1

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 10460 E. Thorpe Berliners N.Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 3

(c) City or town University City, (If outside city or town limits, write "RURAL") 5

(d) Street No. 710 Heman (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fannie Lerner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Pincus Lerner

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

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years ab 74 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) USSR (State or foreign country) 8

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Berel Lederman
13. Birthplace (City, town, or county) USSR (State or foreign country) 8

MOTHER
14. Maiden name Mollie (unk) 8
15. Birthplace (City, town, or county) USSR (State or foreign country) 8

16. (a) Informant Joseph H. Lerner
(b) Address 125 S. Douglas, Bellville

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson

19. (a) JUN 17 1942 (Date received local registrar) (b) E G McGarran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec. 1940 to 6/16 1942 that I last saw her alive on 6/16 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	?
Due to Cerebral Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury 0

23. Signature E. Segoloff M.D. (M. D. or other)

Address 622 Wind Club Date signed 6/17/42

-12
/20/42

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(Licensed Embalmer's Statement on Reverse Side)

JUN 23 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

P. O. Address St. Louis

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.