

S. No. 2
M-5-42
7-5-17-39
V1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38996

FILED JAN 14 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1001**

Registrar's No. **22**

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: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1388 Montclair
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHAI DEVERA LEMON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Solomon Lemon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 15 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation HOV SEWIFE

11. Industry or business HOUSE WORK

12. Name Loeb BRINN

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

14. Maiden name RUSHAL

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

16. (a) Informant Louis Lemon

(b) Address 1388 Montclair

17. (a) BURIAL (b) Date thereof 1-3-43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director Overhander

(b) Address 4469 Washington

19. (a) JAN 3 1943 (Date received local registrar) J. J. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 30 1942 to January 3 1943
that I last saw her alive on January 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Duration 4 days

Due to _____

Due to 708

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Jos M. Orenstein (M. D. or other) D
Address 4500 Olive Date signed 1/3/43

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

MOTHER FATHER

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.

Not Embalmed

Signed *W. B. Oberlander*
Licensed Embalmer No. *3669*

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.