

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4764

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 1/2
(d) Street No. 4714 Vernon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pauline Lipkind

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Meyer Lipkind 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased October 5, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 18 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Hyman Elijah Rosen

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

14. Maiden name Fanny Simpkin

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

16. (a) Informant Sam Lipkind

(b) Address 1222 Bayard

17. (a) burial (b) Date thereof 5/24/43
(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) MAY 24 1943 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 1942 to May 23 1943
that I last saw her alive on May 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma stomach 12 mos
Due to _____ peritomeny 6 1/2
_____ ovaries 6 1/2

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 Hurelly Sale (M. D. or other)
4500 Olive St. St. Louis Date signed 5/24/43

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.

Signed.....



Licensed Embalmer No. 1597

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.