

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

30136

State File No.

Registrar's No.

8434

FILED OCT 2 - 1943 318

Primary Registration District No.

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

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:
3946 Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Rose Lazar
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Joseph Lazar
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 10 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 11 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER
12. Name Jacob Rederer
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Rederer
15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sally Luedke
(b) Address 3946 Cleveland

17. (a) Burial Buapial (b) Date thereof 9-24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Reindshoff
(b) Address 5216 Delmar Blvd.

19. (a) SEP 23 1943 (b) J. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3946 Cleveland Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Her attended her for 30 yrs
that I last saw her alive on Sept. 20, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure
Duration 60da

Due to Arteriosclerotic cardio vascular disease 10 yrs

Due to.....

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

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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)
(r) Means of injury.....

23. Signature Walter J. Krolak (M. D. or other) M.D.
Address 462 N. Taylor Ave. Date signed 9/22/43

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 *Chas W. Cooper*

Licensed Embalmer No. *38130*

P. O. Address *5216 Delmar*

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.