

FILED NOV 22 1944

Primary Registration District No. 1003

Registrar's No. 9545

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 _____ (Specify whether)
In this community _____ years, months or days

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. 5791 Waterman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillian Prager

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

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Morris Prager 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 7 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Romania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Romania
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta L. Meyer
(b) Address 5931 Waterman

17. (a) Burial (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona

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

19. (a) NOV 10 1944 (b) J. F. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1944 hour 11 minute AM

21. I hereby certify that I attended the deceased from November 1 1944 to November 8 1944
that I last saw her alive on November 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary Embolus
Cholelithiasis + Cholecystitis
Due to Operated Nov. 6 1944

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations Cholelithiasis + Cholecystitis Chronic
Of autopsy _____

Duration 5 minutes
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 _____
23. Signature Herman P. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 11/10/44

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

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..... *H. P. Burgess*

Licensed Embalmer No. *4029*

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.