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21313

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 19 1945  
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1542

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Rural, St. Ferdinand Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution JEWISH SANATORIUM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

In this community 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 76

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5000 Kensington  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM LEBCOWITZ

MEDICAL CERTIFICATION

3. (b) If veteran Navy ? Span-American ? 3. (c) Social Security No. 434-12-1067

20. DATE OF DEATH: Month June day 11<sup>th</sup> year 1945 hour 4 minute 45 A.M.

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

21. I hereby certify that I attended the deceased from April 11, 1940, to June 11, 1945; that I last saw him in alive on June 11, 1945; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Rebecca Lebcowitz 6. (c) Age of husband or wife if alive 60 years

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

Immediate cause of death Congestive Heart Failure Duration about 5 years

8. AGE: Years about 64 Months 0 Days 0 If less than one day 0 hr. 0 min.

Due to Hypertension  
Due to 932

9. Birthplace Odessa Bessarabia U.S.S.R.  
(City, town, or county) (State or foreign country)

Other condition Bronchial Asthma (Include pregnancy within 3 months of death) Few years

10. Usual occupation Chauffeur

11. Industry or business Furniture delivery

MOTHER FATHER {

12. Name unknown

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

14. Maiden name " 9  
(City, town, or county) (State or foreign country)

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

Major findings:  
Of operations none  
Of autopsy none

16. (a) Informant Rebecca Lebcowitz  
(b) Address 5000 Kensington

22. If death was due to external causes, fill in the following: ?

17. (a) burial (b) Date thereof 6-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify).....

(c) Place: burial or cremation Chesed Shel Emeth

(b) Date of occurrence.....

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson Avenue

(c) Where did injury occur?.....  
(City or town) (County) (State)

19. (a) JUN 13 1945 (b) E. G. McPherson  
(Date received local registrar) (Registrar's signature)

(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 Helig Simon (M. D. or R. N.) 0  
Address JEWISH SANATORIUM Date signed 6/11/45  
(Licensed Embalmer's Statement on Reverse Side)

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

6  
0  
0

**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.**