S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21944

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 6329

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 14 weeks (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3942 N. 20th St.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

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996

3. (a) PRINT FULL NAME LYDIA DOERSAM
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 Married
6. (b) Name of husband or wife MARTIN DOERSAM
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 7 - 14 - 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	0	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business N.L
MOTHER FATHER
12. Name UNKNOWN ELSTRAM
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
14. Maiden name UNKNOWN.
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MARTIN DOERSAM
(b) Address 3942 N. 20th St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Luebmeyer & Son
(b) Address 3934 N. 20th St.
19. (a) JUL 23 1945 (Date received local registrar) (b) J. F. Bueneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1945 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from April 15, 1945, to July 22nd, 1945; that I last saw h. alive on July 22nd, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the breast with widespread metastases — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
50

Major findings:
Of operations Carcinoma of breast & metastases
Of autopsy As above

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 Morris Alex M.D. (M.D. or other)
Address Jewish Hospital Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

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: Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.