

S. No. 2  
M-5-43  
5-17-39  
P. I. X36671

563  
57

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

#32272  
**FILED** JAN 21 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(d) Length of stay: 40 years  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 1467 Clara  
(e) Citizen of foreign country? no  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hyman Lasofsky  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 3rd  
year 1946 hour 12:25 minute P M.  
21. I hereby certify that I attended the deceased from 12/30/45  
to 1/3/46  
that I last saw him alive on 1/3/46  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widower  
(b) Name of husband or wife Mary  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date June January 10, 1869  
(Month) (Day) (Year)

Immediate cause of death infarct of the heart  
Duration 4 days  
Due to coronary artery insufficiency

8. AGE: Years Months Days If less than one day  
76 11 23 hr. min.

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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

10. Usual occupation watchman  
Retired

11. Industry or business \_\_\_\_\_

12. Name Handel Asher Lasofsky  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Bella Faige Iserlin  
Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Lassar  
(b) Address 1467 Clara

17. (a) burial (b) Date thereof 1-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag.

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

19. (a) JAN 4 1946 (b) J. F. Bredeur  
(Date received local registrar) (Registrar's signature)

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 K.D. Gregory 1/3/46 D. or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
2762

MOTHER FATHER  
copy let with  
3-1-46  
3-1-46

500  
67  
9  
2

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
9/4

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**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. 1697

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of St. L. } ss.

State File No. 5131  
Local Registrar's No. 57

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14 day of Jan., 1946, before me appears Helen Lassar, who, upon her oath, states that the original record of birth death for HYMAN LASSOFSKY died Jan. 3 born Jan. 3, 1946, in the State of Missouri, and which was filed at on, 19    , should be corrected as follows:

- Item No. 7 should read June 10 - 1869  
Instead of Jan - 10 - 1869
- Item No. 8 should read 76 - 5 - 23  
Instead of 76 - 11 - 23
- Item No.      should read       
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Helen Lassar Informant Relationship.  
1467 Clow Ave  
Present Address.

Subscribed and sworn to before me this 14 day of Jan., 1946.

My Commission expires 3/4/49 Bevel Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

