

FILED FEB 13 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2957

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

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 SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution July 29, 1945
39 years (Specify whether years, months or days)

In this community _____

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. 5636 Wells Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Lapini

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-47
year 1947 hour 11:30 minute _____

21. I hereby certify that I attended the deceased from July 29, 45
to 8/1/47

4. Sex f 5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 Bryan Ave
(Month) (Day) (Year)

that I last saw her alive on 8/1/47
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive cardiac vascular disease

Duration _____

8. AGE: Years 83 Months _____ Days _____

If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Russia U.S.A.
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Bernam-Lasky

Of autopsy _____

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

14. Maiden name Rossa

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

16. (a) Informant align mt records

17. (a) Burial (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation General Kadish, Catholic

18. (a) Signature of funeral director Openhand

(b) Address 2146 9th St

19. (a) 2-11-47 (b) Ruthy Kellens
(Date received from 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 Felix Muroc (M. D. or other) _____

Address JEWISH SANATORIUM Date signed 2/6/47

MAR 7 1947

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 *W. C. Penhander*

Licensed Embalmer No. 3669

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.