No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

29246
State File No.
Registrar's No. 7450

1. PLACE OF DEATH:

(a) County
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hrs (Specify whether years, months or days)
In this community: 43 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 1354 Montclair 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME: LEO LAZAROFF

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: male 2

5. Color or race: white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: June (Month) 7 (Day) 1904 (Year)

8. AGE: Years 43 | Months 2 | Days 0 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: News vendor

11. Industry or business

MOTHER FATHER

12. Name: Louis Lazaroff

13. Birthplace: (City, town, or county) Russia (State or foreign country) 6

14. Maiden name: Hannah Cohen

15. Birthplace: (City, town, or county) Russia (State or foreign country) 6

16. (a) Informant: Meyer Lazaroff
(b) Address: 5777 Westminster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Beth Ham Hag

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

19. (a) AUG 8 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 7th year: 1947 hour: 2+/5 minute: 00 a.m.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heat Stroke	
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 14	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): 0-0-0
(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: 3

23. Signature: [signature] (M. D. or other)
Address: [signature] Date signed: 8/8/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4859

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.