

FILED NOV 14 1947

318

Primary Registration District No. **1003**

Registration District No. ....

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 **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oas**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5768 Westminster**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **SAM LOTT**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Hannah Lott** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased..... **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 75 - -** hr. min.

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

10. Usual occupation **Retired Merchant**

11. Industry or business **Retail Furniture**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Hannah Lott**

(b) Address **5768 Westminster**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **11-7-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth Cem.**

18. (a) Signature of funeral director **Herman...**

(b) Address **5216 Delmar Blvd.**

19. (a) **NOV 6 1947** (b) **J. F. Bradock**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **5**  
year **1947** hour **six** minute **30** A.M.

21. I hereby certify that I attended the deceased from **January 1945** to **November 5 1947**; that I last saw him alive on **November 5 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **pneumonia terminal due to hypertensive cardio-vascular**

Duration **2 days**

Due to **hypertensive cardio-vascular disease**

Due to **cerebral hemorrhage**

Other conditions (Include pregnancy within 3 months of death)

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).....

(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 **Elms Rulman** (M. D. or other)

Address **1034 Missouri Theatre Bldg** Date signed **11/6/47**

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

MOTHER, FATHER

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.....

*Van M. Seginose*

Licensed Embalmer No. 4343.....

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.