

No. 2-45
7-39
X47070

FILED JAN 30 1948

Registration District No. **318** Primary Registration District No. **1003**

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: Enroute to City Hospital **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

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. 6 5642 Hebert
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME NOAH LAPIN

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 Rose Lapin 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 4 minute 28 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.

8. AGE: Years Months Days If less than one day

About 49 - - hr. min.

Immediate cause of death.....
Crown Arteriosclerosis
Crown Occlusion

Due to.....
Unspecified

Due to.....

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

10. Usual occupation Salesman

11. Industry or business Used Cars

MOTHER FATHER { 12. Name Samuel Lapin

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

14. Maiden name Emma Lasky

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

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Noah Lapin

(b) Address 5642 Hebert

17. (a) Burial (b) Date thereof 1-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rudolph, Inc.
5216 Delmar Blvd.

(b) Address.....

19. (a) JAN 22 1948 (b) J. F. Brudack
(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. Signatures Patrick E. Taylor Dep Corl (St. D. or other).....
Address 1300 Clark Date signed 1-22-48

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

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.....

John Ketter
Licensed Embalmer No. *3880*

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.