FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

21071

State File No. .....

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5207

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 0
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7202 Oakland Ave. 3
(If rural, give location) N. R. 1
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES LASERSOHN
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Lasersohn
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 16, 1893 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	9	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Druggist
11. Industry or business .....

MOTHER FATHER
12. Name Isaac Lasersohn
13. Birthplace Warsaw (City, town, or country) Poland (State or foreign country)
14. Maiden name Sarah Eckstein
15. Birthplace Warsaw (City, town, or country) Poland (State or foreign country)

16. (a) Informant Mrs. Rose Lasersohn
(b) Address 7202 Oakland Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) JUN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 1, 1948, to June 6, 1948, that I last saw him alive on June 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma of colon with extensive metastasis	1 year
~~Due to~~	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature Jerome E. Cook, M. D. or other
Address 5028 N. Grand Date signed 6/6/48

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.....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.