

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18836

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1236</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		<u>4462</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6220 NORTHWOOD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle)		c. (Last) <u>Lippman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-50</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>JULY 27, 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CINCINNATI, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NEWMAN LINSKY</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE FASCHBINDER</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL LIPPMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARRY MAIN - 6220 NORTHWOOD</u>			
18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Posterior Myocardial Infarction</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>General Arteriosclerosis</u>						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>20)</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420-1</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/9</u> , 19 <u>50</u> , to <u>5/14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/14</u> , 19 <u>50</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. James, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Louis Co. Hosp Clayton, Mo.</u>		23c. DATE SIGNED <u>5-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MC OLIVE HEBREW</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		
DATE REC'D BY LOCAL <u>MAY 15 1950</u>		REGISTRAR'S SIGNATURE <u>Robert R. Zumber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BERGER MEMORIAL 4715 McPHERSON AVE.</u>			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James J. Ludwig*
Licensed Embalmer No. 4529

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.