

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 14385  
3938

BIRTH NO. 25061-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3938

|  |  |   |  |  |             |
|--|--|---|--|--|-------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Mo</u><br>b. COUNTY |  |             |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u> |  | c. LENGTH OF STAY (in this place)<br><u>1 day</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>                                     |  | <u>2069</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Jewish Hospital</u>                        |  |   | d. STREET ADDRESS (If rural, give location)<br><u>1735 1535 Temple Pl</u>  |  |             |

|   |                                  |   |   |                                 |                                       |
|---|----------------------------------|---|---|---------------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BABY GIRL</u><br>b. (Middle) <u>LAPIDUS</u><br>c. (Last) |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>4/26/1951</u>     |                                 |                                       |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>single</u> | 8. DATE OF BIRTH<br><u>4/26/51</u>                            | 9. AGE (In years last birthday) | IF UNDER 1 YEAR<br>Months<br><u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>    |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                       | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis</u> |                                 | 12. CITIZEN OF WHAT COUNTRY?          |

|   |                                      |  |  |                             |  |
|---|--------------------------------------|--|--|-----------------------------|--|
| 13a. FATHER'S NAME<br><u>Sidney Lapidus</u>   |                                      | 13b. MOTHER'S MAIDEN NAME<br><u>Florence Kraven</u>                                |  | 14. NAME OF HUSBAND OR WIFE |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Sidney Lapidus 1435 Temple</u> |  |                             |  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Congenital disorder of heat regulation</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>16 hours</u> |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|  |  |   |   |  |
|--|--|---|---|--|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION<br><u>7544</u>  |   | 20. AUTOPSY?<br>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) m. | 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 Apr. 25, 1951, to Apr. 26, 1951, that I last saw the deceased alive on Apr. 26, 1951, and that death occurred at 12:15 p. m., from the causes and on the date stated above.

|  |  |  |   |                                    |
|--|--|--|---|------------------------------------|
| 23a. SIGNATURE<br><u>Max Deutsch</u> (Degree or title)     |  | 23b. ADDRESS<br><u>634 North Grand</u>                         |   | 23c. DATE SIGNED<br><u>4/26/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>4/26/51</u>                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Chesed Shel Emeth</u> | 24d. LOCATION (City, town, or county) (State)<br><u>University City Mo.</u>       |                                    |
| DATE REC'D BY LOCAL REG.<br><u>APR 26 1951</u>             | REGISTRAR'S SIGNATURE<br><u>J. B. Roster</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Berger Memorial 4715 McPherson</u> |                                    |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *4229*

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.