

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10264

State File No. ....

FILED MAR 22 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1722**

|  |  |  |             |  |                          |  |   |   |  |  |  |   |  |
|--|--|--|-------------|--|--------------------------|--|---|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |                          |  |   |   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place)  |             | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                             |                          | 2129   |   |   |  |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Jewish Hospital</b>  |  |  |             | d. STREET ADDRESS (If rural, give location)<br><b>5330 Pershing</b>  |                          |  |   |   |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print),<br>a. (First) <b>HANNAH</b>   |  |  | b. (Middle) |  | c. (Last) <b>LIPPMAN</b> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 21, 1952</b> |   |  |  |  |   |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   |                          | 8. DATE OF BIRTH<br><b>Oct. 12, 1858</b>   |   | 9. AGE (In years last birthday) <b>93</b>   |  | 10. UNDER 1 YEAR<br>Months <b>4</b> Days <b>9</b>  |  | 11. UNDER 18 HRS.<br>Hours <b></b> Min. <b></b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>  |  |  |             | 10b. KIND OF BUSINESS OR INDUSTRY  |                          |  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Elmira, New York</b>                |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |   |  |
| 13a. FATHER'S NAME<br><b>Joseph Rosenbaum</b>  |  |  |             | 13b. MOTHER'S MAIDEN NAME<br><b>Betty Meyer</b>  |                          |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Leopold Lippman</b>                               |  |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |  |             | 16. SOCIAL SECURITY NO.<br><b>no</b>   |                          | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Miss Adele Lippman-5330 Pershing</b> |   |   |  |  |  |   |  |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchitis pneumonia</b><br><b>Antero sclerotic heart disease</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis general</b><br>DUE TO (c) <b>Diabetes mellitus</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>arterio sclerosis cerebral</b> |             |  |                          |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 days</b><br><b>4 years</b><br><b>4 years</b><br><b>3 years</b><br><b>1 yr +</b> |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |             |  |                          |  |   | 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |             | 21f. HOW DID INJURY OCCUR?<br><b>260X</b>  |                          |  |   |   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>10:30</b> , to <b>Feb. 21, 1952</b> , that I last saw the deceased alive on <b>Feb. 21, 1952</b> , and that death occurred at <b>8 1/2</b> m., from the causes and on the date stated above. |  |  |             |  |                          |  |   |   |  |  |  |   |  |
| 23a. SIGNATURE<br><b>Lavelyn Dale O M D</b>  |  |  |             | (Degree or title)  |                          |  |   | 23b. ADDRESS<br><b>4500 Olive (8)</b>   |  | 23c. DATE SIGNED<br><b>2/21/52</b>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><b>2/22/52</b>  |             | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Sinai Cemetery</b>  |                          |  |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>         |  |  |  |   |  |
| DATE REC'D BY LOCAL<br><b>FEB 25 1952</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>   |             |  |                          | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Herman Rindhoff 5216 - Delmar</b>     |   |   |  |  |  |   |  |

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo.

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.