

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

State File No. **14318**
2181

FILED MAY 13 1953 BIRTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2181

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3188</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1102 Benton</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Menorah Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Lerner</u> c. (Last) <u>Lerner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>23</u> <u>53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Approx. 55</u>
9. AGE (in years last birthday) <u>Approx. 55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer - Connelly's</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> <u>6</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>OWNER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Morris Lerner</u>	13b. MOTHER'S MAIDEN NAME <u>Ida (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Lerner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-36-2266</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Numan Geister</u> <u>7130 Forest</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS (b) <u>Hypertensive Cardiovascular Disease</u>		<u>4451</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1953, to 4-23, 1953, that I last saw the deceased alive on 4-23, 1953, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack C. Vincent</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>424 Angyle Bldg K.C. Mo</u>	23c. DATE SIGNED <u>4-25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Fun'l Home</u> <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-25-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PLEASANT

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

A. L. Lewis

Licensed Embalmer No. 3110

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.