

35 APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
 2 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

8178  
 Do not use this space.

731  
 1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City... ST. LOUIS ..... (d) Street No. 5059 VERNON ..... St. 1943  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 26 yrs. mos. ds.

2. PRINT FULL NAME FANNIE CATLIN

(a) Residence, No. 5059 VERNON St. 12 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 1, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MORRIS LASERSONN

22. I HEREBY CERTIFY That I attended deceased from Dec. 1, 1938 to March 1, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

I last saw her alive on Feb 24, 1939 Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
ABT. 53 — — —

to have occurred on the date stated above, at 12:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
 10. Date deceased last worked at this occupation (month and year) FEB 1939  
 11. Total time (years) spent in this occupation 24 YRS.

Edema, pulmonary  
bronchial pneumonia  
 Date of onset 2-26-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

Other contributory causes of importance:  
Myocarditis, chronic 93C  
1935

13. NAME ALYONA (unknown)

Name of operation none Date of —  
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT ELI LASERSONN  
 (ADDRESS) 1200S WEBSTER-HARRISBURG-1LL

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emet DATE MARCH 1, 1939

19. FUNERAL DIRECTOR OxENHANDLER  
 (ADDRESS) 5469 WASHINGTON BLVD

20. FILED MAR 1 1939 J. B. Brucher  
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury ..... No

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify work  
 (Signed) W. D. ..., M. D.  
 (Address) 1500 Olive St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

*Mark Embalsmer*

Signed.....

Licensed Embalmer No.....

**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.)**