

Registration District No. **791**

Primary Registration District No. **1003**

4084

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Old Folks Home
(If not in hospital or institution, write street number or location) **3**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME Leah Hafner **156**
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isaac Hafner
6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Ab. 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Ab. 77 hr. min.

9. Birthplace Vienna Austria
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Elijah Bernstein **7**

13. Birthplace Austria **7**
(City, town, or county) (State or foreign country)

14. Maiden name Charna (unk)

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Phil Hafner

(b) Address 3139 Lackland

17. (a) Burial (b) Date thereof 5/7/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B. Berger **844**

(b) Address 4715 McPherson

19. (a) MAY 7 1940 (b) J.F. [Signature]
(Date and local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **9**
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A. 28 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 09 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 5 1940 to May 6 1940,
that I last saw her alive on May 6, 1 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day

Due to Arteriosclerosis

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury F

23. Signature Joe M. Orenstein (M. D. or other) **5/7/40**

Address 5300th Easton Date signed 5/7/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Not Embalmed

.....
Licensed Embalmer No.....

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 licensc.)

If this body is not embalmed, above space should be left blank.