

DEC 2 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clayton**
 (c) City or town **Clayton**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **703 Westwood**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
 year **1941** hour **2** minute **0** M.
 21. I hereby certify that I attended the deceased from **Oct 1**
 19 **41** to **Nov 22** 19 **41**
 that I last saw her alive on **Nov 21** 19 **41**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of ovary with metastases to peritoneum

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

Major findings: **Carcinoma of ovary**
 Of operations _____
 Of autopsy _____

Duration _____
 Underline the cause to which death should be charged etiologically.

3. (a) PRINT FULL NAME **Lillian Fleischmann**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Harry Fleischmann** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **July 8 1894**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	4	14	_____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **J.D. Cohen**

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

14. Maiden name **unknown**

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

16. (a) Informant **Harry Fleischmann**

(b) Address **703 Westwood**

17. (a) **Burial** (b) Date thereof **Nov. 23-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bnai Amoona**

18. (a) Signature of funeral director **H. Rinderkoff**

(b) Address **5216 Delmar**

19. (a) **NOV 23 1941** (b) **J. F. Budeck**
 (Date received local registrar) (Registrar's signature)

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 *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.