

FILED JUL 13 1942

791

Registration District No.

1063

Registrar's No.

5516

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:
Missouri Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4114 Fairgrounds Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lilian Edelstein

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Hyman Edelstein 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. (unk)
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 58 hr. min.

9. Birthplace (unk) Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Meyer Lookofsky

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shapiro

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Schreiber

(b) Address 4114 Fairgrounds

17. (a) burial (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 29 1942 (b) [Signature]
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 26
1942 to June 27 1942
that I last saw her alive on June 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 8 days

Due to vascular hypertension ?

Due to.....

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.....

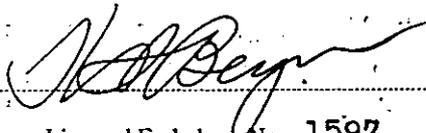
23. Signature Samuel B. Prant (M. D. or other) M.D.
Address 114 N. Taylor Ave Date signed 6/25/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1942
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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.....


Licensed Embalmer No. 1597

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 license.)

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