

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 9870

Registration District No. _____ 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:
3946 Cleveland Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3946 Cleveland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Lazar
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Lazar 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased May 29 1853
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25
year 1942 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 1941
19... to Nov 25, 19...
that I last saw him alive on about Nov 16, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death of a family
(3) Possible sarcoid
eyes of retina?
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 89 Months 6 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace Alsace Loraine (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Milinery
12. Name Unknown
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Walter Luedtke
(b) Address 3946 Cleveland Ave.
17. (a) Burial (b) Date thereof 11-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director Herman Rudolph
5216 Delmar Blvd
(b) Address NOV 27 1942
19. (a) _____ (b) J. R. Bredard
(Date received local registrar) (Registrar's signature)

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 Justus K... 0 (M. D. or other) MD
Address 465 No Taylor Date signed 11/25/42

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

1938

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.....

38301

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.