

S. No. 2  
 1-8-43  
 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36481**  
 Registrar's No. **10434**

**FILED DEC 15 1944**  
 318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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 years, months or days)  
 In this community 35 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1331 Goodfellow  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Lapin Teper  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 12 day 6  
 year 44 hour 8:25 minute 0 M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Louis Teper  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: unk.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/6 1944  
 that I last saw her alive on December 5, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years ab. 67 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary thrombosis.  
 Duration 12 hrs.

9. Birthplace Mohilev, USSR, In  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy none

11. Industry or business \_\_\_\_\_  
 12. Name Benjamin Levin  
 13. Birthplace USSR, In  
(City, town, or county) (State or foreign country)  
 14. Maiden name Shifra (unk)  
 15. Birthplace USSR, In  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Morris Lapin  
 (b) Address 6322 S. Rosebury  
 17. (a) Burial (b) Date thereof 12/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 \_\_\_\_\_

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial  
 18. (a) Signature of funeral director Berger Memorial  
 (b) Address 4715 Mc Pherson  
 19. (a) DEC 7 1944 (b) J. R. Bedeck  
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Goldman (M. D. or other) MD  
 Address 674 N. 10th Date signed 12/6/44

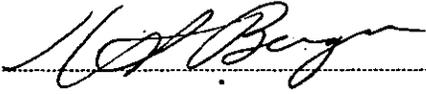
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**STATEMENT BY LICENSED EMBALMER**

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.**