

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** *St. Paul Hospital*

29434
File No.....
Registered No. **8420**
St..... Ward)

2. FULL NAME

Herbert J. Berstman
(a) Residence. No. **1435 Madison** St., **26** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 8 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Cashier Clerk**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Merchants Exchange**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Isidor Berstman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Prague** (STATE OR COUNTRY) **Mr.**

12. MAIDEN NAME OF MOTHER **Lily Kittenberg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mr.**

14. INFORMANT **Berstman Berstman** (Address) **1435 Madison St.**

15. FILED **AUG - 19 1936** **W. H. Starck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 19 1936**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1936** to **August 1936** that I last saw him alive on **August 1936**, and that death occurred, on the date stated above, at **6:45 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis Melliter
59
130
1325
(duration) **2** yrs. **—** mos. **—** ds.
CONTRIBUTORY (SECONDARY) **Acute nephritis (uræmia)**
(duration) **—** yrs. **—** mos. **—** ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **Don't know**

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF **—**

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical + Laboratory**
(Signed) **Goldburn H. Wilson**, M. D.
, 19 (Address) **410 S. Florissant**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Bethel Church** DATE OF BURIAL **8/6 1936**

20. UNDERTAKER **Thos. H. Berstman** ADDRESS **1936 St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

