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

Do not use this space.

7404

File No. .....

Registered No. 1355

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 4013

City St Louis Mo (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Ben Bernstein

(a) Residence, No. 1912 a Franklin Av St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Grocery Goods

10. Date deceased last worked at this occupation (month and year) Apr 1932

11. Total time (years) spent in this occupation 13 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER

13. NAME Israel Bernstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER

15. MAIDEN NAME Sarah Rina Polik

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Ethel Bernstein
(ADDRESS) 1912 a Franklin Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Feb 8 1933

19. UNDERTAKER Oxen Handler Funeral Directors
(ADDRESS) 4469 W Delmar Blvd.

20. FILED FEB 8 1933 Ray C Stanley Jr. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-33, 19..., to 2-7-33, 19...

I last saw h... alive on 2-7-33, 19... Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Collapse of lower lobe of L. lung	1-12-33
Pneumonia of Phrenic Nerve 4th ?	
1149 87B 1149	

Other contributory causes of importance: Bronchoscopy for collapse of lower lobe of left Lung

Name of operation Bronchoscopy 1-31 + 2-7-33 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl J. Herbert, M. D.

(Address) Jewish Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD