

NOV 23 1937

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

38782

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033 Registered No. 319
(c) City Pine Lawn (d) Street No. Edgewood Nursing Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosa Berger
(a) Residence, No. 4717 Mc Pherson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry B. Berger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 74 10 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Crotchin Posen
Poland

13. NAME Abraham Seidel

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

15. MAIDEN NAME Pauline Bienenstok

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

17. INFORMANT (ADDRESS) H. I. Berger
4715 Mc Pherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 11/16/37

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Lambry
6633 Clayton Rd

20. FILED 11-16-37 W. C. Boehme
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Nov 15, 1937

I last saw him alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 9:30 P m.

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

Bronchopneumonia

Date of onset

Nov 7

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify

(Signed) Joseph Magidson, M. D.

(Address) 520 Westgate

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.

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STATEMENT BY LICENSED EMBALMER

Edward H. Bockher Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. 2502 or by..... Registered Apprentice No.

working under my personal supervision.

Signed *Edward H. Bockher*
Licensed Embalmer No.

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.)