

S. No. 7  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3451**  
Registrar's No. **398**

Registration District No. **784**

Primary Registration District No. **200**

AUG 3 1942

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
French Hospital of St. Louis  
(d) Length of stay: In hospital or institution 10 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME LOUIS BERNSTEIN  
8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah Bernstein (unk) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years ab. 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Kovno Russia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Retail Grocer

11. Industry or business \_\_\_\_\_  
12. Name Mendel Bernstein  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie (unk)  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Bernstein  
(b) Address 5802 Highland

17. (a) Burial (b) Date thereof 2/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson

19. (a) FEB 23 1942 (b) L. M. Bernstein  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 1429 Goodfellow Ave.  
Citizen  
(e) If foreign born, how long in U. S. A.? 55 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 22  
year 1942 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 19, 1942, to February 22, 1942; that I last saw him alive on February 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung (2x lower lobe)  
Due to \_\_\_\_\_  
Due to Generalized arterio-sclerotic  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations H/S  
Of autopsy \_\_\_\_\_

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 0  
23. Signature Ally Simon (M. D. or other)  
Address Relatson, Mo. Date signed 2-21-42

707

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1942

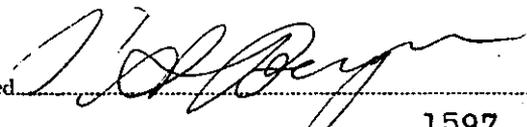
**STATEMENT BY LICENSED EMBALMER**

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, above space should be left blank.

J. H. PERRY