

1. PLACE OF DEATH: **St. Louis, Mo.**  
 (a) County.....  
 (b) City or town.....  
 (c) Name of hospital or institution: **City Sanitarium 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 mos. 29 days**  
 In this community **About 20 years**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**  
 (a) State **Missouri** (b) County **12**  
 (c) City or town **St. Louis** **26**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1359 Clara Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **EVA BERNSTEIN BURSTEIN**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct.** day **8**  
 year **1942** hour **10:00** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **7-1-42**, 19... to **10-8-42**, 19...;  
 that I last saw her alive on **10-8-42**, 19...  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow 2**  
 6. (b) Name of husband or wife **Zanchel Bernstein** 6. (c) Age of husband or wife if alive **About 1857** years  
 7. Birth date of deceased.....  
 (Month) (Day) (Year)

Immediate cause of death.....  
**Degenerative Heart Disease 1941x**

8. AGE: Years Months Days If less than one day  
**About 85 yrs.** hr. min.

Due to **Generalized Arteriosclerosis 1941x**  
 Due to.....

9. Birthplace **Unknown** **Russia 6**  
 (City, town, or county) (State or foreign country)

Other conditions.....  
 (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business.....

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy **No.**  
 Underline the cause to which death should be charged statistically.

12. Name **Max Gutaman**

13. Birthplace **Unknown** **Poland 4**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Unknown 9**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Legendry**  
 (b) Address **5300 Arsenal**

17. (a) **Burial** (b) Date thereof **10-11-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chapel St. Emery**

18. (a) Signature of funeral director **Dr. Handley**

(b) Address **469 Washington**

19. (a) **OCT 10 1942** (b) **J. F. Bredeck**  
 (Date received local registrar) (Registrar's signature)

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 **Anthony K. Berch** (M. D. or other).....  
 Address **5300 Arsenal** Date signed **10/9/42**

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

MOTHER FATHER

**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.....

*W. G. Penhallow*

Licensed Embalmer No. *3669*

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.**