

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4975**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write place name and location)  
(d) Length of stay: In hospital or institution 13 days (Specify whether  
In this community 52 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5962 Hamilton Terrace  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME Katie Bergervine

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Zelig Berger 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased July 24th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 10 3 hr. \_\_\_\_\_ min.

9. Birthplace Volhynia Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Jacob Shloma Spector

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name EVA

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Waldman

(b) Address Granite City, Illinois

17. (a) burial (b) Date thereof 5/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 28 1943 (b) J. J. Medek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1943 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from May 16, 1943, to May 27, 1943;  
that I last saw her alive on May 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LIVER? ?  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions DIABETES MELLITUS  
(Include pregnancy within 3 months of death)  
SYPHILIS, GENERALIZED

Of occupation \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Blair D. Turner (M. D. or \_\_\_\_\_)  
Address BARNES HOSPITAL Date signed 5-27

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

MOTHER FATHER

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**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, fact should be so stated above.**