

ED MAY 19 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4384

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 27 years (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. 1224 Hodiament
(If rural, give location)
(e) Citizen of foreign country..... Alien (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Bertha Goldberg

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 Harry Goldberg 6. (c) Age of husband or wife if alive..... ? years

7. Birth date of deceased March 10 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Wilno Poland U.S.S.R. 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Haskel Bushansky
13. Birthplace Wilno Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Shoene Gutta Lapidus
15. Birthplace Wilno Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome Brown
(b) Address 1224 Hodiament

17. (a) burial (b) Date thereof 5/11/43
(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 11 1943 (Date received for registration) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan. 15 1943 to May 10 1943
that I last saw her alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchitis - pneumonia

Due to..... arterio sclerosis of Brain

Due to.....

Other conditions..... 83°C
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Louison Werninger (M. D. or other) 0
Address 715 Theater Bldg Date signed 5-10-43

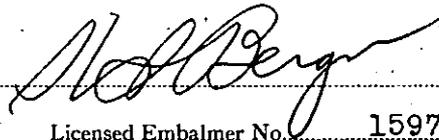
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



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.