

No. 2  
1-2-43  
5-17-39  
1 X35697

FILED JAN 11 1944

Registration District No. **317**

Primary Registration District No. **3063**

Registrar's No. **61**

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6334 Northwood  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Henrietta Bamberger  
 (b) If veteran, name war.....  
 (c) Social Security No.....

4. Sex Female / 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife.....  
 (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased December 18 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 10  
If less than one day  
 hr. min.

9. Birthplace Memphis Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Isaac Bamberger  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jeanette Hesse  
 15. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Washauer

(b) Address 6334 Northwood

17. (a) Removal (b) Date thereof 12-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tenn.

18. (a) Signature of funeral director Harmon Rindfleisch  
 (b) Address 5216 Delmar Blvd.

19. (a) JAN 11 1944 (b) E. J. Mc Lerran, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6334 Northwood  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1939 19..... to..... 19.....  
 that I last saw him alive on.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Myocarditis - obs.  
 Due to Arteriosclerosis - gen.

Duration  
5 yrs  
5 yrs

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

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

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?

(a) Signature..... While at work?..... (Specify type of place)  
 (c) Means of injury.....

23. Signature Louis Cohen (M. D. or other) M.D.  
 Address 1216 1/2 St. Louis Date signed 1/9/44

MAR 9 1944

MAR 10 1944

JAN 10 1945

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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.....

*William Heron*

Licensed Embalmer No.....

*4319*

P. O. Address.....

*5216 Delmar*

**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.**