

FILED FEB 13 1945
Registration District No. **317**

Primary Registration District No. **2002**

Registrar's No. **2821**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
736 Westgate
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **University City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **736 Westgate** **5**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **Paul Bernstein**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **488-10-5272**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**
year **1945** hour **6** minute **30** A.M.

4. Sex **male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **Josephine Herzfeld Bernstein** 6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased **January 26, 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1942** to **Jan 16 1945**

that I last saw him alive on **Jan 9 1945** and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **11** Days **20** If less than one day hr. min.

Immediate cause of death **Coronary thrombosis** **1 hour**

Due to **Coronary artery disease** **4 yrs**

9. Birthplace **St. Louis** **0**
(City, town, or county) (State or foreign country)

Due to **940**

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **office manager**

Major findings:
Of operations

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business **shirt factory**

12. Name **Kalman Bernstein**

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

14. Maiden name **Sarah Miller**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **N. H. Berger**

(b) Address **6647 Kingsbury**

17. (a) **burial** (b) Date thereof **1/18/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Mt. Sinai**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson ave.**

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?

(Specify type of place)

While at work? (e) Means of injury

Signature **A. M. Johnson** (M. D. or other) **MD**

Date signed **1/16-45**

19. (a) **JAN 18 1945** (b) **E. J. Malvarsson, M.D.**
(Date received local registrar) (Registrar's signature) Address **3677 Grand Ave**

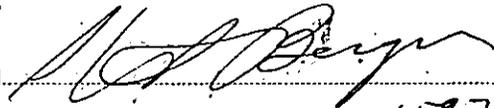
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.