. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7097

Registrar's No. 546

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 702 Syracuse
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No)

If yes, name country P

3. (a) PRINT FULL NAME LEE B. BERKOWITZ

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette Berkowitz

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August (Month) 1, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	21	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Ladies Wear

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Russia 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Jeanette Berkowitz

(b) Address 702 Syracuse

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) FEB 26 1945 (Date received local registrar) (b) Dr. E. G. McGowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1945 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 28, 1944, to Feb 22, 1945; that I last saw him alive on Feb 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemiplegia

Due to hypertension

Due to generalized arteriosclerosis

Other conditions .....
(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. L. Merklin M.D. (M. D. or other)

Address 3507 Potomac Date signed 2-23-45

701

(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Burgess

Licensed Embalmer No. 4029

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.