

FILED APR 13 1945  
 Registration District No. **818** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County **ST. LOUIS**  
 (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 **3 DAYS**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **000**  
 (c) City or town **ST. LOUIS**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1435<sup>a</sup> TEMPLET**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fannie Berger**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **FEMALE** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **UNKNOWN**  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Mar.** day **29**  
 year **1945** hour **9:30** minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from **1936** P. M.  
 \_\_\_\_\_, 19\_\_\_\_, to **3/29/45**, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: **Death due to Heart Disease**  
**Hypertensive Heart Disease** Duration **3 years**

8. AGE: Years **59** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace **RUSSIA**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **HOUSEWIFE**  
 11. Industry or business **HOUSEWIFE**  
 12. Name **ITZEL EWIA BERNSTEIN**  
 13. Birthplace **RUSSIA**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **MARIAM**  
 15. Birthplace **RUSSIA**  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant **Golda Berger**  
 (b) Address **1435<sup>a</sup> Templet Pl**  
 17. (a) **BURIAL** (b) Date thereof **4-1-45**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **CHEVRAH KADISHA**  
 18. (a) Signature of funeral director **Odenhandler**  
 (b) Address **4469 Washington**  
 19. (a) **MAR 31 1945** **J. F. Brebeck**  
 (Date received local returns) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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) (a) Means of injury \_\_\_\_\_  
 23. Signature **Arthur E. Strahl** (M. D. seal)  
 Address **539 N. Grand** Date signed **3/29/45**

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

**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

*W. J. Overhauled*

Licensed Embalmer No.

*3669*

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.**