

FILED JUN 9 1945 318

Registration District No.

1003

State File No.

Registrar's No.

4795

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 17 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sol Berkov

3. (b) If veteran, name war no
3. (c) Social Security No. 050-09-3048

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Zelda Berkov
6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased May 15 1907
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 13
If less than one day hr. min.

9. Birthplace Minsk Poland
(City, town, or county) (State or foreign country)

10. Usual occupation presser

11. Industry or business dress factory

MOTHER FATHER { 12. Name Isaiah Schnittman
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Addas

(b) Address 7567 Woodland Maplewood Mo.
burial (b) Date thereof 5/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheded Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson ave.

(b) Address MAY 30 1945

19. (a) (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5574 Cote Brilliance
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 12/17 1938 to May 28, 1945
that I last saw him alive on May 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Nephritis chr.

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations 181
Of autopsy none

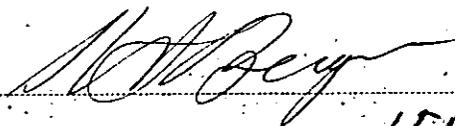
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Lucas Cohen (M. D. or dentist)
Address 4500 Olive St. St. Louis Date signed 5/29/45

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.