

FILED NOV 2 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9216

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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) _____ (Specify whether 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") NR

(d) Street No. 6557 University Drive
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Arlene Leda Bernstein

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 15, 1931
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>14</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation at school

11. Industry or business _____

12. Name David Bernstein

13. Birthplace Mountaindale New York
(City, town, or county) (State or foreign country)

14. Maiden name Shirley Levy

15. Birthplace New York, New York
(City, town, or county) (State or foreign country)

16. (a) Informant D. Bernstein

(b) Address 6557 University Drive

17. (a) burial (b) Date thereof 10-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevra Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) OCT 25 1945 J. F. Bredek
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from November, 1944, to October, 1945;

that I last saw her alive on October 23, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Myxosarcoma
of leg.
(metastases to all organs)

Duration 1.5 yr.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Chas. Bernstein (M. D. or other)

Address 3651 Gravel St. Date signed 10-24-45

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.