

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38389**
Registrar's No. **9698**

Registration District No. **318** Primary Registration District No. **1002**

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: **JEWSH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **1 DAY** (Specify whether
In this community **40 years**
years, months or days)

3. (a) PRINT FULL NAME **ENOCH BERNSTEIN**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Bernstein** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **65** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Sailor**

11. Industry or business _____

12. Name **VELVEL Bernstein**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Arson Bernstein**

(b) Address **75 27 Oxford Dr**

17. (a) **Burial** (b) Date thereof **11-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chess Shel Emeth**

18. (a) Signature of funeral director **Joseph Washburn**

(b) Address **4429 Washington**
NOV 13 1946 (c) Registrar's signature **J. Z. Brodeck**

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

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **St. Louis Co.**
(c) City or town **University City** (If outside city or town limits, write "RURAL")
(d) Street No. **730 Interdenne** (If rural, give location) **N.R. 5**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **13**
year **1946** hour **2** minute **9** M.
21. I hereby certify that I attended the deceased from **Aug 12**, 19**46**, to **Nov 13**, 19**46**
that I last saw him alive on **Nov 12**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **24 hrs.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **9/4**

Major findings: Of operations _____

Of autopsy _____

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 **NO**

23. Signature **Joseph Washburn** (M. D. or other) **NO**

Address **634 N. Oxford** Date signed **Nov 13/46**

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

MOTHER FATHER

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 *J. R. Genkander*.....

Licensed Embalmer No. *2669*.....

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.