

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2248

State File No.

FILED JAN 27 1948

1003

Registrar's No. 474

Registration District No. ... Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(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. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Karl Berkovitz

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Malvin Berkovitz 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 62 hr. min.

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

10. Usual occupation Presser

11. Industry or business Clothing

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jonas Berkovitz

(b) Address 5355 Minerva

17. (a) Burial (b) Date thereof 1-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 5216 Delmar Blvd.

19. (a) JAN 15 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6 17

(d) Street No. 5355 Minerva (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/26, 1946 to Jan 17, 1947
that I last saw him alive on Jan 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 1 hour

Due to arterio-sclerotic heart disease mod.

Due to angina pectoris mod.

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

Major findings: — 9/2 PHYSICIAN

Of operations —

Of autopsy —

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) (Means of injury) 0

23. Signature Arthur E. Strickland (M. D. or other) 0

Address 539 N. Grand Date signed 1/15/47

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

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.....

A. 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.