

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3329

State File No. \_\_\_\_\_  
Registrar's No. 189191

FILED FEB 3 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 3063

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

1. PLACE OF DEATH  
(a) County St Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6318 Southwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fannie Berman  
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 Widow  
6. (b) Name of husband or wife Michael Berman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poland 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Edward Abramowitz 4  
13. Birthplace Poland 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Poland 4  
(City, town, or county) (State or foreign country)  
16. (a) Informant Gus Vittert

(b) Address 7115 Dartmouth  
17. (a) Burial (b) Date thereof 1-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Beth Hamedrosh Hagodol  
18. (a) Signature of funeral director Herman Rinkhoff  
(b) Address 5216 Delmar Blvd.  
19. (a) 1-28-47 (b) Ruth Gallenbro  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Louis 96  
(c) City or town Clayton 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6318 Southwood 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26  
year 1947 hour 1 minute 40 A.M.  
21. I hereby certify that I attended the deceased from FEBRUARY  
20, 1940, to JANUARY 26, 1947.  
that I last saw her alive on JANUARY 25, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
DISSECTING ANEURYSM OF AORTA 1 DAY  
Due to ARTERIO-SCLEROSIS, GEN. 2 YRS.  
HYPERTENSION 1 Yr.  
Due to 360  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy DISSECTING ANEURYSM - ARCH  
OF AORTA  
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 \_\_\_\_\_  
Signature Harry Green (M. D. or other) med  
Address 634 N. Grand Date signed 1/26/47

(Licensed Embalmer's Statement on Reverse Side)

On Express

FEB 7 1997

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**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.....

*H. 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.**