

S. No. 2
OM-543
v. 5-17-39
I X3677

Registration District No. **318**

Primary Registration District No. **1003**

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 2 wks
(Specify whether years, months or days)

In this community 30 yrs

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")

(d) Street No. 1438 E. Grand
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOUIS BERGER

3. (b) If veteran, name war No

3. (c) Social Security No. (unk)

4. Sex male Color or race white

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

6. (b) Name of husband or wife Leah Berger

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-31-47 to 2-5-47, 1947.

that I last saw him alive on 2-5-47 and that death occurred on the date and hour stated above.

8. AGE:

| | | | |
|------------|-----------|------|----------------------|
| Years | Months | Days | If less than one day |
| <u>ab.</u> | <u>85</u> | | hr. min. |

Immediate cause of death Cardiac Drifting

Due to Arteriosclerotic heart disease

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

10. Usual occupation Confectioner

11. Industry or business OWN

Other conditions Arteriosclerosis, general
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Aaron Berger

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

14. Maiden name Dina (unk)

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Berger

(b) Address 6017 Etzel

17. (a) burial (b) Date thereof 2/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. T. Bredeck

(b) Address 4719 McPherson

19. (a) FEB 6 1947 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

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 Robert J. Cook (M. D. or other) MD

Address Jewish Hospital Date signed 2-5-47

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Louis R. Ludwig

Licensed Embalmer No.....

4229

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.