

No. 2-45
7-39
X4730

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15729
Registrar's No. 4684

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town University City
(d) Street No. 7529 Gannon
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME BERTHA TORGOVE
3. (b) If veteran, name war No
3. (c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th
year 1947 hour 4 minute 20 p.m.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Louis Torgove
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 15 1874

21. I hereby certify that I attended the deceased from Feb 1944 to May 7 1947;
that I last saw her alive on May 7 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 22

Immediate cause of death: Anteriosclerotic heart disease
Stroke Central arteriosclerosis
Duration 2 yrs
Due to
Due to
Other conditions:
Major findings:
Of operations
Of autopsy

9. Birthplace USSR
10. Usual occupation at home

MOTHER FATHER
11. Industry or business
12. Name (unk) Edis
13. Birthplace USSR
14. Maiden name (unk)
15. Birthplace USSR

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leo Torgove
(b) Address 7331 Forsythe
17. (a) burial (b) Date thereof 5/9/47
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) MAY 9 1947 (b) J. F. Brebeck

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Barrett & Tansig (M. D. or other) M.D.
Address 4500 Olive Date signed May 9

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.....

James A. Guclung
.....
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.