

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27888

Registrar's No. 6968

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 St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
52 yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME THELMA KEINER

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 Widowed
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years ab. 90 Months Days If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business David (unk)

12. Name David (unk)
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Milton Keiner
(b) Address 408 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/48
(Month) (Day) (Year)

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

18. (a) Signature of funeral director 4715 McPherson

(b) Address AUG 9 1948

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

2. USUAL RESIDENCE OF DECEASED:

Mo. St. Louis 96
(a) State (b) County
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6300 Northwood 3
N.R. (If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 8
1948 day 5:00 hour minute A.M.

21. I hereby certify that I attended the deceased from Aug 7
1948 to Aug 8 1948
that I last saw her alive on Aug 7
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. C. Mearns (M. D. or other) M.D.

Address 634 N. 2nd St. Date signed 8/8/48

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. Judwig
.....
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.