

No. 300  
-10-47  
5-17-39  
-I 3906

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 13 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

27903  
State File No. 7606  
Registrar's No.

Registration District No. 318 Primary Registration District No. 100

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 Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WKS. (Specify whether  
In this community 38 yrs. years, months or days)

3. (a) PRINT FULL NAME **ELUMA KLEBERSKY**

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 Married  
6. (b) Name of husband or wife Sam 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt 58 Months - Days - If less than one day hr. min.

9. Birthplace Warsaw Poland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Berliner  
13. Birthplace Poland 7  
(City, town, or county) (State or foreign country)  
14. Maiden name (unk)  
15. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dave Kleber  
(b) Address 1780 So. West 12th Miami, Fla.

17. (a) Burial (b) Date thereof 9/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona  
Berger Memorial

18. (a) Signature of funeral director 4715 McPherson  
(b) Address

19. (a) AUG 30 1948 (b) J. F. Bralack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5637 Maple 9  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 16,  
1946 to Aug. 29 1948;  
that I last saw her alive on Aug. 29, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Generalized carcinoma Duration  
due to carcinoma of rectum. 3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum.

Of autopsy \_\_\_\_\_

PHYSICIAN

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 \_\_\_\_\_

23. Signature J. C. Middleton (M. D. or other) \_\_\_\_\_  
Address 462 N. Taylor Ave. Date signed Aug 30

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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 *James C. Judwig*  
Licensed Embalmer No. 4529  
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.**