

No. 308  
10-47  
17-39  
PI 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 8 1948

FEDERAL BUREAU OF INVESTIGATION  
STANDARD CERTIFICATE OF DEATH

38166  
10316  
State File No. ....  
Registrar's No. ....

Registration District No. **318** Primary Registration District No. **1005**

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

1. PLACE OF DEATH:  
(a) County.....  
(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.....  
In this community.....  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town..... University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 752 Syracuse Ave.  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3: (a) PRINT FULL NAME ETTA GREENBERG  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 26 year 1948 hour 2:15 minute P.  
21. I hereby certify that I attended the deceased from 15 years to Nov 26, 1948  
that I last saw her alive on Nov 26 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Mendel Greenberg  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of bowel  
Due to.....  
Due to.....  
Other conditions Cardio-vascular  
renal disease  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
About 83 - - - hr. min.

9. Birthplace Russia  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

MOTHER FATHER

11. Industry or business.....  
12. Name Unknown  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Isidor Greenberg  
(b) Address 752 Syracuse Ave.  
17. (a) Burial (b) Date thereof 11-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Sauy W. Lemmerman (M. D. or other)  
Address 460 Theater Bldg Date signed 11-27-48

(c) Place: burial or cremation Chesed Shel Emeth Cen.  
18. (a) Signature of funeral director Herman Rindskopf, Inc.  
(b) Address 5216 Delmar Blvd.  
19. (a) NOV 28 1948 (b) J. B. Forster  
(Date received local registrar) (Registrar's signature)

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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.....

.....  
Licensed Embalmer No. 3880

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.**