

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20771

FILED JUN 27 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5124

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 0		b. COUNTY 0-00	
d. FULL NAME OF HOSPITAL OR INSTITUTION Malcom Bliss Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 17 OR TOWN St. Louis 9	
3. NAME OF DECEASED (Type or Print) FRED BERMAN		d. STREET ADDRESS (If rural, give location) 6 4905 St. Louis Avenue 0	
a. (First)	b. (Middle)	c. (Last)	4. DATE (Month) (Day) (Year) OF DEATH June 12, 1949
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 7th 1866
9. AGE (In years last birthday) 83yrs	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peddler	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Austria 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Morris Berman	13b. MOTHER'S MAIDEN NAME Dina Frankel	14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Fadem, 4905 St. Louis Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 82	(STATE) 82
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 33HX	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor, M.D.		23b. ADDRESS 11300 Clark	23c. DATE SIGNED 6-13-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-13-49	24c. NAME OF CEMETERY OR CREMATORY Cincinnati, Ohio	24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio
DATE REC'D BY LOCAL REG. JUN 13 1949	REGISTRAR'S SIGNATURE J. B. Rosater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849N. Euclid, St. Louis, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Missouri

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

Amel

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert L. Brunken*

Licensed Embalmer No. *3553*

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.