

FILED OCT 21 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34587

State File No. \_\_\_\_\_

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7562

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 7562					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4366			d. STREET ADDRESS (If rural, give location) 723 Interdrive /				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				3. NAME OF DECEASED a. (First) JOSEPH (Type or Print)		b. (Middle)		c. (Last) BERNSTEIN		4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1950			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Unknown		9. AGE (In years (last birthday) Months Days Abt. 65		10. CITIZENSHIP (If other than U.S. citizen, give country) /			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Signs		11. BIRTHPLACE (State or foreign country) Ohio /			12. CITIZENSHIP OF WHAT COUNTRY?				
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Helen Bernstein					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				18. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. Bernstein-723 Interdrive							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1 day	
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., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? H201							
22. I hereby certify that I attended the deceased from 9/3/50, 19__, to 9/4/50, 19__, that I last saw the deceased alive on 9/4/50, 19__, and that death occurred at 11 P. m., from the causes and on the date stated above.													
23a. SIGNATURE P.D. Stahl M.D.						23b. ADDRESS 462 N. Taylor Ave			23c. DATE SIGNED 9/6/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/6/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo						
DATE REC'D BY LOCAL REG. SEP 6 1950		REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman... Dec. 5 16 Delmar							

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

*Wally*

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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*John Kettles*  
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.