

THE DIVISION OF HEALTH OF MISSOURI  
**FILED JAN 31 1951 STANDARD CERTIFICATE OF DEATH**

State File No. 2354

622

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>48yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>21-69</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>1436a Belt Ave</b>				d. STREET ADDRESS (If rural, give location) <b>6 1436a Belt Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b>		b. (Middle) _____		c. (Last) <b>Berger</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-20-1951</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>3-20-1873</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Kovna Lithuania</b>		12. CITIZEN OF WHAT COUNTRY <b>(Urk)</b>	
13a. FATHER'S NAME <b>(unk) Silverman</b>		13b. MOTHER'S MAIDEN NAME <b>(unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Oscar Berger</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nathan J. Berger 1436a Belt</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Myocardial Degeneration</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>30 m</b> <b>10 yrs</b> <b>5 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>11-12</b>			
22. I hereby certify that I attended the deceased from <b>18 40:1-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>51</b> , and that death occurred at <b>3:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dublin S Lewis M.D.</b>				23b. ADDRESS <b>440 N Jay Av</b>		23c. DATE SIGNED <b>1-21-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/22/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 21 1951</b>		REGISTRAR'S SIGNATURE <b>J.B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Lucis A. Ludwig*

Signed.....

Student Embalmer

Licensed Embalmer No. *4329*

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.