

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25688

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		State File No. _____	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELLISVILLE, MO.</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		4452	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUNSET SANITARIUM</u>				d. STREET ADDRESS (If rural, give location) <u>6318 N. ROSEBURY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) _____ c. (Last) <u>BERIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30, 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>AB. 70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>RUSSIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>PESSACH KOPOLOW</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN MARAULIS</u>		14. NAME OF HUSBAND OR WIFE <u>MORRIS BERIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MORRIS BERIN 6318 N. ROSEBURY</u>			
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) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>DIABETES MELITUS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from <u>June 1, 1951</u> , to <u>July 30, 1951</u> ; that I last saw the deceased alive on <u>July 30, 1951</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B.P. Loving, MD</u>				23b. ADDRESS <u>Ballwin, Mo.</u>		23c. DATE SIGNED <u>7-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/31/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMETH</u>		24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>7/30/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BERGER MEMORIAL 4715 McPHERSON AVE.</u>			

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 \_\_\_\_\_

*James A. Prudling*  
Licensed Embalmer No. 4829

Signed.....  
Student Embalmer

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.