

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28055

State File No.

FILED SEP 13 1951

318

1003

Registrar's No. 7676

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. _____	State File No.	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2029
d. FULL NAME OF HOSPITAL OR INSTITUTION 545a Bates			d. STREET ADDRESS (If rural, give location) 545a Bates		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) _____		c. (Last) Bergstein	
4. DATE OF DEATH (Month) (Day) (Year) 8 28 51					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-23-1872	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Czechoslovakia	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Joseph Bergstein		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillian Bergstein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Bergstein 545a Bates St.	
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) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Vascular Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			INTERVAL BETWEEN ONSET AND 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., 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 Jan 8, 1949 , to Aug 28, 1951 , that I last saw the deceased alive on Aug 26, 1951 , and that death occurred at 5:17 m., from the causes and on the date stated above.					
23a. SIGNATURE C. A. Nester (Degree or title) MD		23b. ADDRESS 5600 S. Compton		23c. DATE SIGNED 8-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8-30-51		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Mo					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 29 1951		25. FUNERAL DIRECTOR'S SIGNATURE Moylell Funeral Home		ADDRESS 1926 Allen	

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Signed [Signature]
Student Embalmer No.

Licensed Embalmer No. 4533

P. O. Address [Signature]

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.