

FILED NOV 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38596**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR Farmington TOWN RURAL St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR Unknown TOWN Unknown	
c. LENGTH OF STAY (In this place) 24y; 6m; 23d			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS St. Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) NATHAN	b. (Middle)	c. (Last) BERG	4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 1951
---	-------------	-----------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Abt. Jan 11, 1902	9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 9 Days 13 IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work <small>or usual mode of working life, even if retired</small>) Common labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia 6	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	--

13a. FATHER'S NAME Abraham Bergown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S (SIGNATURE OR NAME) ADDRESS S. Fischmann-3160 Easton Ave.
--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Abt. 8 Hrs.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Dementia Praecox Psychosis		

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) 331X
--	--	--

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 Oct. 24, 1951, to Oct. 24, 1951, that I last saw the deceased alive on Oct. 24, 1951, and that death occurred at 11:20A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>S. A. Fischmann</i>	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 10-24-51
--	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/25/51	24c. NAME OF CEMETERY OR CREMATORY Chevrah Kadisha Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	------------------------------	---	---

(DATE REC'D BY LOCAL REG.) Nov 10, 1951	REGISTRAR'S SIGNATURE <i>Ether Rinkloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman Rudolph</i>	ADDRESS 5216 Delmar St. Louis, Mo.
---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 15 1951

RECEIVED

DEC 9 7 1951

NOV 27 1951

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

John B. Dubrowell

Signed
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.