

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No. 25576  
Registrar's No. 6251

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6251</b>			
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>2069</b>						
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>		c. LENGTH OF STAY (in this place) <b>31 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>6 5617a Page</b>						
3. NAME OF DECEASED (Type or Print) <b>BECKY BIERMAN</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1952</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>unk.</b>		9. AGE (In years last birthday) <b>ab. 70</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
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>USSR 6</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unk</b>			13b. MOTHER'S MAIDEN NAME <b>Unk.</b>			14. NAME OF HUSBAND OR WIFE <b>Louis</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ruth Sawyer 5617 Page</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEAT STROKE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>ood</b>		<b>E 9319</b>			
22. I hereby certify that I attended the deceased from <b>JAN 9, 1951</b> , to <b>JUNE 30, 1952</b> , that I last saw the deceased alive on <b>JUNE 30, 1952</b> , and that death occurred at <b>12:00 AM</b> , from the causes and on the date stated above. <b>46</b>									
23a. SIGNATURE (Degree or title) <b>David Lederman, M.D.</b>			23b. ADDRESS <b>537 N. Grand</b>			23c. DATE SIGNED <b>6/30/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/2/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Meth</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo</b>			
DATE REC'D BY LOCAL REG. <b>JUL 1 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>mgs</b>		ADDRESS <b>Berger Memorial 4715 McPherson</b>			

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.....

*Arthur J. Quindling*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*4226*

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.**