

# STANDARD CERTIFICATE OF DEATH

JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1869

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>20 59</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Airport Townships</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>1</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>5774 Westminster Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Abe</u>		b. (Middle)		c. (Last) <u>BRONSTEIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 6 52</u>	
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5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1898</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>			11. BIRTHPLACE (State or foreign country) <u>Russia</u> <u>6</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Joseph Bronstein</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Schlain Bronstein</u>		
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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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. Bronstein</u>		ADDRESS <u>5774 Westminster</u>	
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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						INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary edema</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension and arteriosclerotic heart disease</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>repeated attacks of cerebral thrombosis</u>						<u>once among years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <input type="checkbox"/> a. <input type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from July 4, 1952, to July 6, 1952, that I last saw the deceased alive on July 6, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Abie Simon M.D.</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Jewish Sanatorium</u> <u>Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>7/6 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kladska Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-8-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		GENERAL DIRECTOR'S SIGNATURE <u>H. H. ...</u>		ADDRESS <u>5216 Delmar</u>	
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(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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Peter B. Braville*

Licensed Embalmer No. 3491

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.