

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7354****1213**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's 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) ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
c. LENGTH OF STAY (In this place) 8 WKS				d. STREET ADDRESS (If rural, give location) 2718 Goodfellow			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 2718 Goodfellow			
3. NAME OF DECEASED (Type or Print)		a. (First) IDA		b. (Middle) NMN		c. (Last) BERNSTEIN	
4. DATE OF DEATH		Month 2		Day 2		Year 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unk	
9. AGE (In years last birthday) 46		If UNDER 1 YEAR Months 61		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) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Heligman		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Louis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis Bernstein		ADDRESS 2718 Goodfellow	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR (CRANIOPHARYNGIOMA) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 10 WEEKS	
19a. DATE OF OPERATION 1/30/53		19b. MAJOR FINDINGS OF OPERATION CRANIOTOMY				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 224X			
22. I hereby certify that I attended the deceased from 12/6 , 19 52 , to 2/2 , 19 53 , that I last saw the deceased alive on 2/2 , 19 53 , and that death occurred at 2:25 pm. , from the causes and on the date stated above.							
23a. SIGNATURE J.R. Bradley, MD.		(Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2/2/53	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 2/3/53		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth		24d. LOCATION (City, town, or county) (State) University City Mo	
DATE REC'D BY LOCAL REG. FEB 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4015 Mc'herson	

(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 _____

Licensed Embalmer No. 4329

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.