

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9351**
2615

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 MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 9 DAYS		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				STREET ADDRESS (If rural, give location) 6 1469 CLARA 20690			
3. NAME OF DECEASED (Type or Print) a. (First) ABE (AKA ABRAHAM) b. (Middle) _____ c. (Last) BERG			4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH UNKNOWN	
9. AGE (In years last birthday) AB. 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSER			10b. KIND OF BUSINESS OR INDUSTRY CLOTHING MFG.		11. BIRTHPLACE (City and State or Foreign Country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NATHAN BERG			13b. MOTHER'S MAIDEN NAME MINNIE DEUTCH			14. NAME OF HUSBAND OR WIFE BRANA	
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 ADDRESS BRANA BERG 1469 CLARA			
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 DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic CARCINOMA					INTERVAL BETWEEN ONSET AND DEATH 18 hours
19a. DATE OF OPERATION 3/17/55		19b. MAJOR FINDINGS OF OPERATION Benign Nodular Hyperplasia of Prostate					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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200H			
22. I hereby certify that I attended the deceased from 3/5 , 1955, to 3/22 , 1955, that I last saw the deceased alive on 3/22 , 1955, and that death occurred at 3:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Max C. Heeb M.D.			23b. ADDRESS 216 S. Kings Highway		23c. DATE SIGNED 3/23/55		
24a. BURIAL! CREMATION! REMOVAL (Specify) REMOVAL		24b. DATE 3/23/55		24c. NAME OF CEMETERY OR CREMATORY CHESED SHEL EMETH		24d. LOCATION (City, town, or county) (State) UNIVERSITY CITY, Mo.	
DATE REC'D BY LOCAL REG. MAR 23 1955		REGISTRAR'S SIGNATURE J. Carlo Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERGER MEMORIAL 4715 McPHERSON AVE.		

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.....
Signature of Student Embalmer

Signed *James A. Quader*.....
Licensed Embalmer No. 480

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.