

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1359

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Haw
(c) City Hann City

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. 1223 West 62nd

Registered No. 372
St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1223 West 62nd St. [Signature]
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wp 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Berkowitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1860

7. AGE YEARS 79 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Samuel Newberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Regina Haehler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sibily Berkowitz
1819 Baltimore St. No

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Jan 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll - Davidson
8024 Troost

20. FILED Jan 29, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/23/39, 1939 to 1/28/39, 1939
I last saw h.c. alive on 1/28/39, 1939 Death is said to have occurred on the date stated above, at 9410

The principal cause of death and related causes of importance were as follows:

worn artery thrombosis
9410

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Chin. test Were an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify NO(Signed) Dr. W. H. M. Brown(Address) Bryant Building

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.