

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

791
1008
9145
Do not use this space.
2910

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County / Registration District No.
(b) Township / Primary Registration District No.
(c) City... St. Louis (d) Street No. Jewish Hosp.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 631 Dorothy Bartfeld

(a) Residence, No. 5936 McPherson St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Bartfeld

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ab. 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab. 71

OCCUPATION 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) U.S.S.R.

FATHER 13. NAME Sidney Weinberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER 15. MAIDEN NAME (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Louis Bartfeld
(ADDRESS) 7346 e Tulane

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoone DATE 3/28 1939

19. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED MAR 28 1939 J. B. Budack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/17 1938 to 3/26 1939
I last saw him alive on 3/26 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertension
Myocardial Infarction
Date of onset 2/24/39

Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? CD, X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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? No
If so, specify M. D.
(Signed) Arthur E. Strand
(Address) 539 N Grand

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.....

HERBERT I BERGER

Registered Apprentice No.

~~working under my personal supervision~~

Signed.....



Licensed Embalmer No. 1597

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.