

BUREAU OF THE CENSUS
AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town East St. Louis N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 513 Converse Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 14 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 23, 1940
Aug 10, 1939 to July 23, 1940
that I last saw him alive on July 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia Duration 48 hours

Due to: Carcinoma of stomach 11 mo

Due to: Secondary cancer 11 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: HT
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Years of injury _____

23. Signature Wesley Sale (M. D. or other)
Address 4500 Olive Date signed 7/23/40

3. (a) PRINT FULL NAME Harry Berg 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 66 Months --- Days --- If less than one day _____ hr. _____ min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Scrap Iron Dealer

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Berg

(b) Address 513 Converse Ave. E. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40
(Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha, Bem

18. (a) Signature of funeral director Herman Rindke

(b) Address 5216 Delmar

19. (a) JUL 23 1940 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

WRITE PLAINLY—USE 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.....

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

Signed Char W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.