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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 2 2 1941
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36616

Registrar's No. 8845

1. PLACE OF DEATH: 791

(a) County

(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 Hosp. D
(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)

In this community 21 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5549 Pershing
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Benjamin I. Bernard

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male D

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bettie Roth Bernard

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased Sept. 3, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	2	3	hr. min.

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

10. Usual occupation General Merchant

11. Industry or business

FATHER
12. Name Pinkus Iskiwitch
13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Bluma Rosenblum
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Jos. A. Bernard
(b) Address 5549 Pershing

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) NOV 7 1941 (Date received local registrar) (b) J. F. Bedeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Oct 31, 1941 to Nov 6, 1941; that I last saw him alive on Nov 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 week
Due to: Arterio Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur E. Strauss (M. D. or other) M. D.
Address 539 N. Grand Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

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. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.