

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 29 Years
years, months or days)

3. (a) PRINT FULL NAME HARRY BERMI

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Late Shandil Bermi 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
Abt. 70 1 1 1 hr. min.

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

10. Usual occupation Teacher
Hebrew

11. Industry or business _____

12. Name Mucham Bermi

13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

14. Maiden name Sudil

15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Henni Bermi

(b) Address 5577 Vernon

17. (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Overhault

(b) Address 4469 Washington

19. (a) JUN 15 1942 (b) G. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5577 Vernon
(If rural, give location)
(e) Citizen of foreign country? 29 years (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 14
year 1942 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from June 8
1942 to June 14 1942
that I last saw him alive on June 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Robor Pneumonia

Due to Prob. - arteriosclerosis

Due to arteriosclerosis

Other conditions Smoking - Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: arteriosclerosis
Of operations _____

Of autopsy _____

Duration

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) Means of injury _____

23. Signature Tom Sander (M. D. or other) _____

Address 634 N. 2nd St. Date signed 6-15-42

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

20
19
9

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.

Not Embalmed

Signed *W. B. Kennerly*
Licensed Embalmer No. *2669*

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, fact should be so stated above.