

FILED OCT 14 1942 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8147

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 Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 21 yrs
years, months or days) (Specify whether

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. 5617 Page
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Lena Berman

(b) If veteran, name war.....

No

(c) Social Security No.

No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
Harry Berman (unk) years
7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 54 hr. min.

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

10. Usual occupation.....
at home

11. Industry or business.....

MOTHER FATHER { 12. Name Leo Satinoff
13. Birthplace..... Russia
(City, town, or county) (State or foreign country)
14. Maiden name Bessie (unk)
15. Birthplace..... Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Berman
(b) Address 5617 Page

17. (a) burial (b) Date thereof 10/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

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

19. (a) Oct 2 1942 (b) J. F. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1940 to Sept. 30 1942
that I last saw her alive on Sept. 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinomatosis Duration 1 month
Due to Carcinoma sigmoid 2 years

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Carcinoma sigmoid PHYSICIAN
Of operations.....
Of autopsy.....
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?..... (b) Means of injury.....
23. Signature Paul A. Lowenstein M. D. or other).....
Address University Club Bldg Date signed 10/1/42

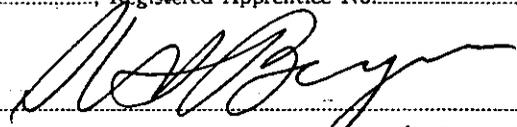
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

~~working under my personal supervision.~~

~~Registered Apprentice No.~~

Signed.....



Licensed Embalmer No.

1597

P. O. Address

St. Louis, Mo

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.