

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 Days
(Specify whether
 In this community.....
years, months or days)

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. 1404 Arlington
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lena Bernstein
 3. (b) If veteran, name war WW 3. (c) Social Security No. none

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

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

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name of father Josias Shefers

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

14. Maiden name Lena

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

16. (a) Informant Josias Bernstein
 (b) Address 1331 1/2 Sessuple

17. (a) Burial (b) Date thereof 11-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherok Paduka
 18. (a) Signature of funeral director W. J. Handley
 (b) Address 4469 W. Washington
 19. (a) NOV 25 1942 (b) J. J. Madock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from November 4, 1942 to November 25, 1942; that I last saw her or alive on November 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death degenerative heart disease
 Due to Arteriosclerosis of aorta
 Due to 100%
 Other conditions Tumor abdominal ?
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Refused

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 Geo. Madock (M. D. or other)
 Address 1515 Lafayette Avenue Date signed 11/25/42

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

Signed *W B O'Handra*
.....
Licensed Embalmer No. *3669*.....

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.