

RECORDED AUG 21 1943

State File No. \_\_\_\_\_

Registration District No. 319

Primary Registration District No. 3070

Registrar's No. 1886

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Webster Grove  
(c) Name of hospital or institution 301 Bacon St.  
(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 Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5654 Delmar (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bella Bernheim  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)  
8. AGE: about 74 Years Months Days If less than one day hr. min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 17 year 1943 hour 4 minute 00 M.  
21. I hereby certify that I attended the deceased from Jan 1, 1943, to Aug 17, 1943, that I last saw her alive on Aug 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease  
Duration ?  
Due to \_\_\_\_\_  
Due to 93d  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings:  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Albert E. Jansing (M. D. or other) MD  
Address 4500 Olive St. Date signed 8/17/43

MOTHER FATHER {  
11. Industry or business Famous-Barr Co.  
12. Name Emanuel Bwrnheim  
13. Birthplace Germany (State or foreign country) H  
14. Maiden name Dora Good  
15. Birthplace Germany (State or foreign country) H  
16. (a) Informant Adolph Bernheim  
(b) Address 5654 Delmar  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Sinai Cemetery  
18. (a) Signature of funeral director H. Rindskopf  
(b) Address 5216 Delmar  
19. (a) AUG 18 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

AUG 31 1948

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**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.....

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.**