

FILED MAR 27 1944

Registration District No. **277**

Primary Registration District No. **6076**

Registrar's No. **682**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL, ST. FERDINAND TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 month, 17 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 711 Heman
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Berger

(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 widowed

6. (c) Age of husband or wife if alive _____ years
Samuel Berger 5th 1876
(Day) (Year)

7. Birth date of deceased: January 5th 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>12</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Emanuel Kylo

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

14. Maiden name Leah (unk)

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

16. (a) Informant M. E. Frelich

(b) Address 711 Heman

17. (a) burial (b) Date thereof 3/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAR 20 1944 (b) E. G. McGarran, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1944 hour _____ minute 5:30 A.M.

21. I hereby certify that I attended the deceased from January 28
1944, to March 17 1944;
that I last saw her alive on 17 March 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 5 days

Due to _____

Due to _____

Other conditions General arteriosclerosis and secondary anemia 1 year
(Include pulmonary edema if reported death)

Major findings: none PHYSICIAN _____

Of operations _____

Of autopsy none int
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 E. G. McGarran, Jr. (M. D. or other) _____
Address JEWISH SANATORIUM Date signed 3/17/44

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MAY 2 1944

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 with the above constitutes grounds for revocation of license.)

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