S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39353

Registrar's No. 11258

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 2 DAYS (Specify whether years, months or days)

In this community: 21 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County: St Louis

(c) City or town: St Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1438 E Grand (If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country:

3. (a) PRINT FULL NAME: GLASSMAN BERTHA

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: widowed

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: Years: alw 68 | Months | Days | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER
12. Name: unknown
13. Birthplace: (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: (City, town, or county) Russia (State or foreign country)

16. (a) Informant: Jewish Aff Talks Home
(b) Address: 1438 E Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Chevra Shel Emeth

18. (a) Signature of funeral director: Bernhardt
(b) Address: 4469 Washington

19. (a) DEC 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/29 1944 to 12/31 1944 that I last saw her alive on 12/31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage r right hemiplegia — 1 week

Due to:

Due to:

Other conditions: Uremia (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work?

(e) Means of injury: 0

23. Signature: David Feldman M.D. (M. D. or other) MD

Address: Jewish Hosp Date signed: 12/31/44

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Not Embalmed ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed W. F. Bernhardt

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.