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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3594

Primary Registration District No. 2002

Registrar's No. 2626

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 724 Heman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

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. 724 Heman Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME BERTHA MESSENBERG

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 Widow

6. (b) Name of husband or wife Samuel Messenberg

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 88 | Months | Days | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Fannie Shank
(b) Address 724 Heman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) JAN 3 1945 (Date received local registrar) (b) E. G. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1945 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec. 14-44, 19 to Jan. 1, 19 45 that I last saw h. alive on Jan. 1, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis 930 | Duration 2 hrs. approx.

Due to

Due to Uremia - Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) Acute Pulmonary edema

Major findings:
Of operations

Of autopsy

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

23. Signature G. G. Murphy (M. D. or other)
Address 601 Hurlbut Bldg. Date signed 1-2-45

707 (Licensed Embalmer's Statement on Reverse Side)

350
29-45

FEB 1 1945

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. 4029

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.