. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28836

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7738

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

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ~~5928~~ St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 5928 Waterman 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LEVI BERLINER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Cora Berliner

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

7. Birth date of deceased November (Month) 20 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 22 If less than one day hr. min.

About

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

10. Usual occupation Salesman

11. Industry or business J. B. Simpson Clothiers

FATHER
12. Name Unknown 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. Glauber
(b) Address 3853 Lindell

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Philadelphia, Pa

18. (a) Signature of funeral director Herman Kinds Hoff
(b) Address 5216 Delmar Blvd.

19. (a) AUG 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1942, 19, to 8/12, 1947
that I last saw him alive on 8/11/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Old his fracture - Did not cause death
Generalized arteriosclerosis

Due to Heat exhaustion

Due to

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Carl A. Wattenberg (M. D. or other)
Address 3720 Washington St Louis Mo Date signed 8/13/47

Jefferson City Printing Co. (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....John Ketter.....

Licensed Embalmer No.....3880.....

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.