

FILED FEB 10 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3356

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 217

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Saint Louis</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>  |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Berliner Nursing Home</u>   |  | d. STREET ADDRESS (If rural, give location) <u>5036 Cates</u>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ISADOR</u><br>b. (Middle) <u>(AKA ITZAK)</u><br>c. (Last) <u>STEINBERG</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JAN 25 1950</u>  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>  | 8. DATE OF BIRTH <u>unk</u>   |
| 9. AGE (In years last birthday) <u>at 67</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>   | 11. BIRTHPLACE (State or foreign country) <u>Russia</u>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                       |
| 13a. FATHER'S NAME <u>Meyer Steinberg</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>UNK</u>   | 14. NAME OF HUSBAND OR WIFE <u>Rose</u>                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>unk</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Steinberg Evansville Ind</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis generalis</u><br>DUE TO (c) <u>Marked malnutrition</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u><br><u>4500</u>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <u>Jan 20, 1950</u> , to <u>Jan 25, 1950</u> , that I last saw the deceased alive on <u>Jan 25, 1950</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title) <u>H K Robert, M.D.</u>  |  | 23b. ADDRESS <u>3720 Wacker</u>  | 23c. DATE SIGNED <u>1-26-50</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   | 24b. DATE <u>1/26/50</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesep Shel Emeth</u>  | 24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>       |
| DATE REC'D BY LOCAL REG. <u>1-26-50</u>   | REGISTRAR'S SIGNATURE <u>Charles H. ...</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 475 McPherson</u>  |   |

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

4001  
4

---

---

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Quirio Juding*

Signed.....

Student Embalmer

Licensed Embalmer No. *4229*

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.