

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24292  
Registrar's No. 6243

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  
c. LENGTH OF STAY (If this place) 1 Day  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hosp

2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission).  
a. STATE MO.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  
d. STREET ADDRESS (If rural, give location) 5577 Vernon

3. NAME OF DECEASED  
a. (First) SYLVIA  
b. (Middle) \_\_\_\_\_  
c. (Last) BERMI

4. DATE OF DEATH (Month) (Day) (Year)  
July 12 1951

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 15, 1888

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)  
63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) USSR

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sueher Floss

13b. MOTHER'S MAIDEN NAME unk

14. NAME OF HUSBAND OR WIFE Kuni Bermi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Kuni Bermi 5577 Vernon

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hematomiasis - Esophageal Varices  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cirrhosis of liver  
DUE TO (c) Hypersplenism  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Secondary anemia, Hypertrophic gastritis

INTERVAL BETWEEN ONSET AND DEATH  
30 hours  
5 yrs.  
5 "

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

21a. CAUSE OF SUICIDE OR 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) (Min.) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
3810

22. I hereby certify that I attended the deceased from Feb, 1954, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE Llewellyn Selco M.D. (Degree or title)

23b. ADDRESS 4500 Olive St. Louis 8

23c. DATE SIGNED 7/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7/13/51

24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emet

24d. LOCATION (City, town, or county) (State) UNIVERSITY CITY MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Casator

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benjamin Pennell 2715 1/2th Moan

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Amir D. Judais*  
4229

Licensed Embalmer No. ....

Signed.....

Student Embalmer

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.