

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34832

State File No.

FILED OCT 23 1951

318

1003

Registrar's No. 8944

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 275 Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) NANNIE b. (Middle) c. (Last) BERNSTEIN		4. DATE OF DEATH (Month) (Day) (Year) 10 10 51	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH September 21 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
11. BIRTHPLACE (State or foreign country) Evansville Ind		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Robert Paul		13b. MOTHER'S MAIDEN NAME Sarah Erlich	
14. NAME OF HUSBAND OR WIFE David Bernstein (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 6		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Leonard Hornbein 547 Sherwood		Webb	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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? 4201			
22. I hereby certify that I attended the deceased from 10/9, 1951, to 10/10, 1951, that I last saw the deceased alive on 10/9, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE James M. Kline M.D.		23b. ADDRESS 4409 W. Pine	
23c. DATE SIGNED 10/10/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/12/51	
24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Evansville Ind.	
DATE REC'D BY LOCAL REG. OCT 11 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 4356 Lindell	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.