

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. **29801**
Registrar's No. **7093**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____	
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. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5885 Plymouth			e. STREET ADDRESS (If rural, give location) 5795 Kingsbury		
3. NAME OF DECEASED (Type or Print) Nathan		a. (First) _____	b. (Middle) _____	c. (Last) Bournstein	
4. DATE OF DEATH (Month) (Day) (Year) July 19 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH July 7, 1894		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative		10b. KIND OF BUSINESS OR INDUSTRY Seidel Coal Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Morris Bournstein		13b. MOTHER'S MAIDEN NAME Jennie Holtzman	
14. NAME OF HUSBAND OR WIFE Dora Wolff Bournstein		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. 490-20-8278	
17. INFORMANT'S SIGNATURE OR NAME Sam Bournstein		17. ADDRESS 5798 Kingsbury Bl.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cor. occlusion	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 min		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 5/26, 1953 , to 7/19, 1953 , that I last saw the deceased alive on 7/19, 1953 and that death occurred at 10 m., from the causes and on the date stated above.					
23a. SIGNATURE Thoma Oley		(Degree or title) MD		23b. ADDRESS 601 Humboldt Bldg	
23c. DATE SIGNED 7/20/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-21-1953	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC	
25. ADDRESS 5216 Delmar Blvd		DATE REC'D BY LOCAL REG. JUL 20 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Peter B. Dubrovic*

Licensed Embalmer No. *3691*

P. O. Address *5212 Delma*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.