

STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **5268**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural: Cipriani Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>	
c. LENGTH OF STAY (In this place) <b>3 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>7800 Lafon Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH SANATORIUM</b>			

3. NAME OF DECEASED (Type or Print) <b>SADIE</b>		a. (First) <b>SADIE</b>		b. (Middle) _____		c. (Last) <b>BERKOWITZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12. 21. 1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>Abt. 65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Adolph Berkowitz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melvin J. Berkowitz-7800 Lafon Ave.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension, Asthma Bronch</b>		<b>27 years</b>	
		DUE TO (c) <b>Diabetes &amp; Nephrosclerosis</b>		<b>73 years</b>	
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 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) <b>260 X</b>	
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?	

22. I hereby certify that I attended the deceased from **Nov 9, 1952**, to **Dec 21, 1953**, that I last saw the deceased alive on **Dec 20, 1953**, and that death occurred at **9:25 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Overy W. Fairley, M.D.</b> (Degree or title)		23b. ADDRESS <b>462 No. Taylor</b>		23c. DATE SIGNED <b>12/21/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/22/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>12/21/53</b>		REGISTRAR'S SIGNATURE <b>Michael R. Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman Rindskopf, Inc., 5216 Delmar</b>	
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**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 .....  
Student Embalmer

Signed Peter B. Dubrova

Licensed Embalmer No. 3691

P. O. Address S. K. Jones, Mass

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.