

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14487

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 842

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY OR TOWN <i>Rural: Union Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>2 years</i>		d. STREET ADDRESS (If rural, give location) <i>5535 Pershing Avenue</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Sanatorium</i>			

3. NAME OF DECEASED (Type or Print) <i>LOUIS ALBERSTEIN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 5 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Unknown</i>
9. AGE (In years last birthday) <i>Abt. 75</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Tailor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Tailoring</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Rachel Alberstein</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-10-9303</i>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Arthur Alberstein-5535 Pershing Ave.</i>		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>several years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gen. Arteriosclerosis</i>		
	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 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) <i>4500</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9</i>	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 *August 16, 1957*, to *April 5, 1954*, that I last saw the deceased alive on *April 5, 1954*, and that death occurred at *4:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Indus B. Mathis M.D.</i>	23b. ADDRESS <i>4652 Maryland</i>	23c. DATE SIGNED <i>6 April 54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/7/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cen.</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		

DATE REC'D BY LOCAL REG. <i>4/7/54</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Amke</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman Rindskopf, Inc., 5216 Delmar</i>
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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
Student Embalmer

Student Embalmer No. _____

Signed *Philip Dubrouillet*

Licensed Embalmer No. *3691*

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.