

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28765

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7572			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital 8				e. STREET ADDRESS (If rural, give location) 6640 Washington					
3. NAME OF DECEASED (Type or Print) a. (First) DAVID			b. (Middle) A.		c. (Last) BERGER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1891		9. AGE (In years) (last birthday) 62 Months 8 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant * Wholesale Hand Bags				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Berger			13b. MOTHER'S MAIDEN NAME Bertha R. Silberstein			14. NAME OF HUSBAND OR WIFE Goldye V. Berger			
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. 309-28-0311		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B.A. Berger 6640 Washington				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Esophageal varices 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	
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)					
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? 5810					
22. I hereby certify that I attended the deceased from Sept 12, 1954 to Aug 15, 1954 , that I last saw the deceased alive on Aug 15, 1954 , and that death occurred at 2:40 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Michael M. Karl (Degree or title) M.D.				23b. ADDRESS 4652 Maryland		23c. DATE SIGNED 8/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/17/54		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri			
DATE REC'D BY LOCAL Aug 16 1954		REGISTRAR'S SIGNATURE J. Earl Smith Md			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf Inc. 5216 Delmar				

WRITE PLAINLY—USING UNEADING 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. Dubrovnik*

Licensed Embalmer No. *369*

P. O. Address *Henry M.*

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.