

FILED MAR 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 11828

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 672

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Brentwood | | c. CITY OR TOWN Brentwood 4511 | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 11 yrs. | | e. STREET ADDRESS (If rural, give location) 8830 Bridgeport | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 8830 Bridgeport | | | |

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|---|----------------------------------|---|--|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) JACOB | | b. (Middle) ALBERSTEIN | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 9, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar. | | 8. DATE OF BIRTH Oct. 22, 1891 | | 9. AGE (In years last birthday) 64 | | 10. IF OVER 1 YEAR / UNDER 1 YEAR Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap metal | | 10b. KIND OF BUSINESS OR INDUSTRY Metal & supplies | | 11. BIRTHPLACE (City and State or Foreign Country) USSR | | 12. CITIZEN OF WHAT COUNTRY USA | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Samuel Alberstein | | 13b. MOTHER'S MAIDEN NAME Sarah Rose | | 14. NAME OF HUSBAND OR WIFE Gussie | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unk. | | 17. INFORMANT'S SIGNATURE OR NAME Gussie Alberstein | |
| | | | | ADDRESS 8830 Bridgeport | |

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|--|--|---------------------------------------|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | arteriosclerotic Heart Disease | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | | | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Pneumonia | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | 4200 | |

| | | | | | |
|---|--|--|--|---|--|
| 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) (Min) | | 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 March 8, 1956, to March 9, 1956 that I last saw the deceased alive on March 9, 1956, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Michael M. Carl M.D. | | 23b. ADDRESS 4652 Maryland | | 23c. DATE SIGNED 3/9/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Bur. | | 24b. DATE 3/11/56 | | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | |
| 24d. LOCATION (City, town, or county) (State) University City Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial | | ADDRESS 4715 McPherson | |
| DATE REC'D BY LOCAL REG. 3-9-56 | | REGISTRAR'S SIGNATURE Herbert B. Lombard | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No..... 42

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.