

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37582**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-New Haven</b>		c. CITY OR TOWN <b>St. Louis</b>	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) <b>3 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>6100 Pershing Ave. 2051</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route #.2</b>			
3. NAME OF DECEASED (Type or Print) <b>PHILLIP</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>BERZON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>about 76</b>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>Owner - Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>Owner - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tailor Shop</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Solomon Berzon</b>		13b. MOTHER'S MAIDEN NAME <b>Yetta Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Wool</b> ADDRESS <b>6301 N. Rosebury</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Coronary Disease + Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years - 3 months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign prostatic hypertrophy + chronic draining tract infection</b>		Interval between onset and death <b>1 year 3-4 years</b>	
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) _____	
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 <u>3/21</u> , 19 <u>52</u> , to <u>11/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/28</u> , 19 <u>56</u> , and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert Bame</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>8720 Washington St. Louis</b>	23c. DATE SIGNED <b>11/29/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/30/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>11/30/1956</b>	REGISTRAR'S SIGNATURE <b>Hettie Murphy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>	

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

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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.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4289

P. O. Address .....

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.