

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26412

FILED JUL 16 1957

STATE FILE NUMBER

6010

Registration District No. 318 Primary Registration District No. 1003

Registration No.

| | | | | | |
|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | c. CITY OR TOWN Clayton | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. | | | d. STREET ADDRESS (If outside, give location) 7538 Wydown | | |
| 3. NAME OF DECEASED (Type or print) MAURICE NEWBERGER | | | 4. DATE OF DEATH June 26, 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | |
| 8. DATE OF BIRTH June 4, 1884 | | 9. AGE (In years last birthday) 73 | | 10. IF UNDER 1 YEAR (Months Days Hours Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing | | 11. BIRTHPLACE (City and state or country) New York, N.Y. | |
| 13. FATHER'S NAME Samuel Newberger | | | 14. MOTHER'S MAIDEN NAME Mollie Berkowitz | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 268-01-1599 | | 17. INFORMANT Rose Newberger 7538 Wydown | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial infarction DUE TO (c) myocardial infarction | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) nephrosclerosis | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 6/6/57 to 6/26/57 and last saw her alive on 6/26/57 Death occurred at 11:50PM the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) M. Horner O'Neal M.D. | | | 22b. ADDRESS 100 North Euclid | | 22c. DATE SIGNED 6/27/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. | | 23b. DATE 6/28/57 | | 23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona | |
| 23d. LOCATION (City, town, or county) University City, Mo. | | | | 23e. (State) | |
| 24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson | | | 25. DATE RECD. BY LOCAL REG. JUN 28 '57 | | 26. REGISTRAR'S SIGNATURE R. Carl Smith No. 88 |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

St. Louis Mo. x
 Jewish Hosp. 3 Wks. x
 Jewish Home 7538 Wagon x
 White x
 June 4, 1894 73 x
 Retail Clothing New York, N.Y. x
 Samuel I. Berkowitz x
 Collie Berkowitz x

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 *Samuel J. Berkowitz*
 Licensed Embalmer No. 398

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.

Berkowitz Memorial High School