

Health, Welfare, Public, Police

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33153  
STATE FILE NUMBER  
8868

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8868

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 749 Heman Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Alberstein		4. DATE OF DEATH Month Day Year 9-22-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Tailoring	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Louis Alberstein		13b. MOTHER'S MAIDEN NAME Rachel	14. NAME OF HUSBAND OR WIFE Sara F. Alberstein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Sara F. Alberstein 749 Heman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Carcinoma, metastatic DUE TO (c) Carcinoma, stomach. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day ? 1 yr.
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.) 151x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1957 to Sept 22, 57 and last saw him alive on 9-22-57. Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Melvin B. Kinsten M.D.		22b. ADDRESS 607N. Grand St. Louis	
22c. DATE SIGNED 9-23-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 9/24/57		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth Cem.	
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri		24. FUNERAL DIRECTOR ADDRESS Herman Hindskopf Inc. 5216 Delmar	
25. DATE RECD. BY LOCAL REG. SEP 23 57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. 3.P.	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 *Jack Ketter* .....  
Licensed Embalmer No. *3880* .....

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.