

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005072

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 128 Primary Registration District No. 2 Registrar No. 572

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY New York	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New York City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners Length of stay in lb 20 Days		d. STREET ADDRESS (If outside, give location) 465 W. 23rd Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Jacob - Bernoff <i>First Middle Last</i>			4. DATE OF DEATH February 14, 1958 <i>Month Day Year</i>
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 10-5-06
9. AGE (In years last birthday) 51		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Garment	11. BIRTHPLACE (City and state or country) New York City, New York
13. FATHER'S NAME Barnett Bernoff (Deceased)		14. MOTHER'S MAIDEN NAME Lena Resnick (Deceased)	
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. 069-24-7509	17. INFORMANT Files -- MCFP Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Leukemia			INTERVAL BETWEEN ONSET AND DEATH 3 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus - - - - - Years Arteriosclerotic Heart Disease - - - - - Years			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) *****		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	*****		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> 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 January 25, 1958 to February 14, 1958 and last saw him alive on 2-14-58 Death occurred at 7:41 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Hunter M.D. <i>J. A. Hunter M.D.</i>		22b. ADDRESS Medical Center for Federal Prisoners, Springfield	22c. DATE SIGNED 2-15-58
23a. BURIAL, CREMATION, REMOVAL (State if any) Removal	23b. DATE 2-15-58	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) (State) Brooklyn, New York
24. FUNERAL DIRECTOR ADDRESS AYRE GOODWIN Inc. Springfield		25. DATE RECD. BY LOCAL REG. 2-17-58	26. REGISTRAR'S SIGNATURE Effie S. Melton

MAR 10 1958

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

Lucien A. Quadd

Licensed Embalmer No.

P. O. Address

[Handwritten address]

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