

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33887  
Do not use this space.

RECEIVED NOV 16 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **4944** Page Ave. Registered No. **8873**  
 (e) Length of residence in city or town where death occurred **59** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary C. Berliner**

(a) Residence, No. **4944 Page Ave.** St. **12** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edward A. Berliner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10th. 1879**

7. AGE YEARS **59** MONTHS **4** DAYS **0** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri** **0**

FATHER 13. NAME **? Karser** **7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France** **9**

MOTHER 15. MAIDEN NAME **? Bauer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT **Edward A. Berliner**  
 (ADDRESS) **4944 Page Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **10-13-38**

19. FUNERAL DIRECTOR **Provost Und. Co.**  
 (ADDRESS) **3710 N. Grand Blvd.**

20. FILE **OCT 11 1938** **J. Bredeck**  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-10-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **1-10-38**, 19, to **10-10-38**, 19.

I last saw h. or alive on **10-5-38**, 19. Death is said to have occurred on the date stated above, at **11.10 A.M.**

The principal cause of death and related causes of importance were as follows:

**Myocarditis, chronic** Date of onset **?**  
**131**

Other contributory causes of importance: **Hypertension?**  
**Arterial Sclerosis?**  
**Bright's Disease, chronic**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No.**  
 If so, specify (Signed) **J. O. Mowrey** M. D.  
 (Address) **3633 Fair Ave**

W.O. Murray  
3633 Fair  
12-8

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

**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.)**