

REGISTRATION DISTRICT NO. 791  
1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6395

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 7 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County St. Louis  
(c) City or town Overland NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2430 Eugene Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1939 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from July 9, 1939, to July 19, 1939  
that I last saw her alive on July 18, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis  
Non Epidemic

Duration 1 week

Due to Mastoiditis Right ear  
blood stream infection

Due to Pneumococcus  
Staphylococcus

Other conditions: \_\_\_\_\_  
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: Mastoiditis Right  
Of operations \_\_\_\_\_  
Of autopsy Meningitis

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature W. S. Shook (M. D. or other) \_\_\_\_\_  
Address Metropolis, Mo. Date signed July 20, 1939

3. (a) PRINT FULL NAME Julia A. Berger 626

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles H. Berger 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 22, 1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Keller

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Straube

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Irma R. Vickner

(b) Address 4936a Nottingham, St. Louis, Mo.

17. (a) burial (b) Date thereof July 21, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEMETERY

18. (a) Signature of funeral director Holmeister & Co

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 20 1939 (b) J. P. Brudeck  
(Date received local registrar) (Registrar's signature)

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.

10-12-01  
92  
1744

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Edwin H. Leisinger*

Licensed Embalmer No. *4049*

P. O. Address *6464 Chippewa*

**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 this body is not embalmed, above space should be left blank.**