

SEP 25 1940 791
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7294

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Ferdinand Berger, 626

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

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

6. (b) Name of husband or wife Marie Berger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11th, 1868.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Iron Moulder

11. Industry or business _____

12. Name Herman Berger

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Herman P. Berger

(b) Address 4178 Itaska Ave.

17. (a) Burial (b) Date thereof Aug. 30, 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2623 Cherokee Street.

19. (a) AUG 30 1940 (b) J.P. Brudiek
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis, 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3336 Nebraska Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 4th
1940, to Aug 28th 1940;
that I last saw him alive on Aug 28th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerosis
Due to Renal calculus
Arteriosclerosis
Due to R 5 inch by 2 in
L 4 inch by 1 in
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 day
6 yrs

Major findings:
Of operations 134a
Of autopsy same

PHYSICIAN

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?

(Specify type of place) (e) Means of injury _____

23. Signature Herb S. Lund (M. D. or other) _____
Address 3651 Bernhardt St. Date signed 8/28/40

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.

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.