FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15159

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 109

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1112 Hill Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1112 Hill Street 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Jeanette Berkson

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

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

6. (b) Name of husband or wife Isaac Berkson 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March (Month) 18 (Day) 1851 (Year)

8. AGE: Years 90 Months — Days 11 If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Abraham Hafle (Wolfe)
13. Birthplace (Do not know) (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Rosa Lee Phelps
15. Birthplace (Do not know) (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Bertha B. Landau

(b) Address Hannibal, Missouri

17. (a) Removal & Cremation (Burial, cremation, or removal) (b) Date thereof March 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory Cremation & burial St. Louis

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address Hannibal, Missouri

19. (a) April 1, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1941 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Mar 24, 1941, to Mar 29, 1941, that I last saw her alive on Mar 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions Hypostatic pneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1001 Bldg Hannibal Mo Date signed 3/31/41

(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 Ray P. Schwartz, Registered Apprentice No. ..... working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765-S

P. O. Address Hannibal M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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