S. No. 2
1—1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40524

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10276

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: ST. John Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4635 DELMAR BLV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE S. BERENDT.
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 ALBERT C. BERENDT.
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased APRIL (Month) 3 (Day) 1903 (Year)

8. AGE: Years 38 Months 8 Days 22 If less than one day hr. min.

9. Birthplace CROWN POINT (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN.
12. Name OTIS GUERNSEY (FATHER)
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN (MOTHER)
15. Birthplace INDIANA. (City, town, or county) (State or foreign country)
16. (a) Informant Albert C. Berendt
(b) Address 4635 Delmar Blv.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.
19. (a) DEC 26 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1941 hour 10 minute 05 PM.
21. I hereby certify that I attended the deceased from Dec 1-41 19 to Dec 25 19 41 that I last saw h. alive on Dec 25 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Ovary — Duration
Due to Carcinoma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma uterus + pelvic organs.
Of autopsy

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 (M. D. or other)
Address 539 N Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 4014

P. O. Address.....

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, fact should be so stated above.