

S. No. 2
4-1-4-41
v. 5-17-39
X28390
009

FILED FEB 24 1942
731-1

Registration District No. 731-1

Primary Registration District No. 1003

Registrar's No.

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:
4417 Ellenwood Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4417 Ellenwood Ave. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Anne Berron

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th
year 1942 hour 12:05 minute P.M. M.

21. I hereby certify that I attended the deceased from
Nov. 10 1941 to Jan. 8 1942
that I last saw her alive on Jan. 8 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Late George Berron 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 28th 1870
(Month) (Day) (Year)

Immediate cause of death Carcinoma of liver. Duration 3 Mos.

Due to _____

Due to H&K

Other conditions Diabetes Mellitus.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. h
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Steger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Kaiser

(b) Address 4417 Ellenwood Ave.

17. (a) Burial (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery
Kriegshauser Mortuar.

18. (a) Signature of funeral director _____

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 9 1942 J. T. Bredek
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Ralph Thompson (M. D. or other) M.D.
Address 3606 Travis Date signed 1/9/42

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..... *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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.