

S. No. 2  
—1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15971

State File No. ....

Registrar's No. **4512**

FILED JUN 2 1942 791

Registration District No. .... Primary Registration District No. **1003**

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

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:  
**Park Lane Memorial Hospital 0**  
(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 **William Berger**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **494-05-1200**

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dora Berger**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **April 28 1882**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **0** Days **23**  
If less than one day  
..... hr. .... min.

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

10. Usual occupation **Beer Bottler**

11. Industry or business **Anheuser-Busch Inc.**

MOTHER FATHER { 12. Name **William Berger**

13. Birthplace **Germany 4**  
(State or foreign country)

14. Maiden name **Caroline Adler**

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

16. (a) Informant **Dora Berger**

(b) Address **808 Wachtel ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **May 25, 1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **G. F. Brueck**

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

19. (a) **MAY 25 1942** (Date received local registrar)

(b) **G. F. Brueck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **St. Louis 96**

(c) City or town **Lemay N.R. 8**  
(If outside city or town limits, write "RURAL")

(d) Street No. **808 Wachtel ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21<sup>st</sup>**  
year **1942** hour **17** minute **10** M.

21. I hereby certify that I attended the deceased from **May 14<sup>th</sup>** 1942 to **May 21<sup>st</sup>** 1942  
that I last saw him alive on **May 21<sup>st</sup>** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septic Endocarditis.**

Due to.....

Due to **Diabetes mellitus 61**

Other conditions (Include pregnancy within 3 months of death) **59**

Major findings: Of operations.....

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **Arthur Mayer** (M. D. or other)

Address **4661<sup>st</sup> Virginia Ave** Date signed **5/25/42**

**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.....

*Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**