

FILED SEP 23 1942 318

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:  
**5086 Kensington 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 **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5086 Kensington Ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Benjamin Berlyn**

3. (b) If veteran, name war **\*\*\*\*\***

3. (c) Social Security No. **489-01-9436**

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

6. (b) Name of husband or wife **Elsie Berlyn**  
6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **October 23 1891**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **10** Days **19**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Shoe Worker**

11. Industry or business **Samuels Shoe Co**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Elsie Berlyn**

(b) Address **5086 Kensington Ave**

17. (a) **Burial** (b) Date thereof **Sept 14 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**  
(b) Address **3029 Lafayette Ave**

19. (a) **SEP 14 1942** (b) **J. J. Probst**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11th** day **September**  
year **1942** hour **6:00** minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **10th day of September 1942** to **Sept 11 1942**  
that I last saw him alive on **September 10 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**hypertensive heart disease**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Intestinal Obstruction**  
(Include pregnancy within 3 months of death) **cause not known**

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 **Samuel A. Applebaum** (other) \_\_\_\_\_  
Address **5092 Raymond** Date signed **9/14/42**

*Dr. J. A. Applebaum*

*5092 Raymond*

*20-0066*

*10/11/10*  
*11/11/10*  
*10/11/10*  
*11/11/10*

*Frank J. Swann*  
*Frank J. Swann*

*Frank J. Swann*

**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 *Frank J. Swann*

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo*

**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.**