V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37966

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 2524

1. PLACE OF DEATH:

(a) County: ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 134 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 000 17

(c) City or town: ST. LOUIS 9 (If outside city or town limits, write "RURAL")

(d) Street No.: 1321 a N. 19 ST (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: JOSEPH ANTONIO BEREDA

3. (b) If veteran, name war: NO

3. (c) Social Security No. 707-07-6196

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MARGARET

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: 9 (Month) - 17 (Day) - 1882 (Year)

8. AGE: Years 60 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: ? (City, town, or county) POLAND 4 (State or foreign country)

10. Usual occupation: ELECTRIC TRUCK OPERATOR

11. Industry or business: C.B.&Q. RAILROAD CO.

FATHER

12. Name: MARTIN BEREDA

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

MOTHER

14. Maiden name: FRANCES CROICZEWSKA (?)

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

16. (a) Informant: Mrs. Margarita Bereda

(b) Address: 13 Rosa Park Ste

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Central Mud Co.

(b) Address: 841 Cass Ave

19. (a) DEC 7 1942 (Date received local registrar) (b) C. P. McGovern M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-21, 1942, to 12-5, 1942; that I last saw him alive on 12-5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung with metastases	10 mos?
Due to:	
Due to: 47K	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Carcinoma of Lung with metastases	

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: 0

23. Signature: Samuel S. Rosenberg (M. D. or other)

Address: Rich Hosp. Rich, Mo. Date signed: 12/6/42

(Licensed Embalmer's Statement on Reverse Side)

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1/10/42

DEC 11 1942

JAN 29 1943

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 G W Wilkinson

Licensed Embalmer No. 3575

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.