

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

37968

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 10 1942  
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2293

96  
622

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis County Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3351 Eminence Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUST F. BERNING.

3. (b) If veteran, name war None

3. (c) Social Security No. 355-03-3715

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd.  
year 1942 hour 6 minute 10 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Berning. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 21, 1878.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-16-42, 19\_\_\_\_ to 11-3-42, 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>5</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Cardiac Failure Duration 2 hrs

Due to Degenerative Heart Disease

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Drug Salesman.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Brunswick Tablet Co.

MOTHER FATHER { 12. Name Adolph Berning.

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

14. Maiden name Johanna Luecker.

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Emma Berning.

(b) Address 3351 Eminence Ave.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-6-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery.

23. Signature John S. Matheis (M. D. or other)  
Address St. Louis Co. Hosp. Date signed 11/3/42

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 3-1942 (b) John S. Matheis  
(Date received local Registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side)

**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 3454

David C. Gibson, Registered Apprentice No. 346,  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. N.

**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.**