

Registration District No.

Primary Registration District No. 200

Registrar's No.

2520

1. PLACE OF DEATH

St. Louis

(a) County  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route # 11, Box 317, Lemay, Mo. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lemay (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 11, Box 317,  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Bernice Berger

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month)

29 (Day) 1942 (Year)

8. AGE: Years Months Days If less than one day  
0 0 4 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Unknown

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

14. Maiden name Bernice Louise Berger

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

16. (a) Informant Bernice Louise Berger

(b) Address Route # 11, Box 317, Lemay, Mo.

17. (a) Burial (b) Date thereof 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Johns Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 So. Broadway, St. Louis, Mo.

19. (a) DEC 3-1942 (b) C. H. McLaughlin  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2, 1942  
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from birth  
Nov 29 1942 to Dec 2 1942  
that I last saw her alive on Dec. 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Septicemia of the New born 3 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

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?

(Specify type of place) (e) Means of injury

23. Signature Waldorff (M. D. or other)

Address Lemay, Mo. Date signed 12-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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

*Harry J. Schumacher*  
~~2679~~

Licensee No. ~~2679~~

P. O. Address *732 Tompkins St*

**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.

9801