

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community Life  
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. 4106 Shreve Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Berninger

3. (b) If veteran, No (c) Social Security name war No No. 489-01-4997

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

6. (b) Name of husband or wife Anna Berninger 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 9, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 26 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Leschen Rope Co.

MOTHER FATHER

12. Name Charles Berninger

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

14. Maiden name Elizabeth Trautmann

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

16. (a) Informant Mrs. Anna Berninger

(b) Address 4106 Shreve Ave.

17. (a) Burial (b) Date thereof Mar. 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home

(b) Address 4828 Natural Bridge

19. (a) MAR 5 1943 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4,  
year 1943 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from March 2, 1943, to March 4, 1943  
that I last saw him alive on March 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombus

Due to MI

Other conditions MI  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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?

23. Signature Am Drax (M. D. or other)  
Address 3651 Maple St Date signed 7/4/43

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

CP

3651 Burmester Dr  
St. Louis Mo  
1-17-30

**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.....

*John A. Melina*

Registered Apprentice No.....

working under my personal supervision.

Signed *John A. Melina*  
Licensed Embalmer No. *4186*

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.**