

15294  
State File No. \_\_\_\_\_  
Registrar's No. 996

FILED MAY 5 1943  
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Rural - McKibbin Rd.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Edgewood Home 4 St Louis County  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 Sacramento  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Berding

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Edward Berding 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Dec. 5th, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 4 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Heinrich Priestmeyer

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

14. Maiden name Caroline Luke

15. Birthplace Germany 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Berding

(b) Address 4218 Sacramento Ave.

17. (a) Burial (b) Date thereof 4-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Provost Und. Co.

18. (a) Signature of funeral director 3710 N. Grand Blvd

(b) Address Frederick Cerna

19. (a) APR 27 1943 (b) C. J. Mc Farland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25  
year 1943 hour 10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-16  
143 to 4-25, 1943;  
that I last saw her alive on 4-25, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 10da

Due to Chr. Myocarditis Spra

Due to Chr. Arterio sclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Scott Klueber (M. D. or other) MD

Address 340 Berwind Ave Date signed 4-26-43

9  
5/43

707

*Dr. Klumberfuss  
340 Berkman  
Rm 4A  
MAY 5 1953*

SEP 7 1953

MAR 20 1953

**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..... Me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert L. Binkman  
Licensed Embalmer No. 3553  
P. O. Address 3710 N. Grand Bl.

**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.**