

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30510**
Registrar's No. **3785**

FILED SEP 21 1943

149

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2736 Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2736 Cleveland**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

48
26
60

3. (a) PRINT FULL NAME **Edward Berendt**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **495-03-4494**

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

6. (b) Name of husband or wife **Hilda Berendt** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Aug. 31, 1883**
(Month) (Day) (Year)

8. AGE: Years **60** Months **0** Days **0** If less than one day hr. min.

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

10. Usual occupation **Manager Crown Drug Co.**

11. Industry or business **Warehouse**

12. Name **Emil Berendt**

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

14. Maiden name **Elizabeth Joel**

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

16. (a) Informant **Mrs. Hilda Berendt**

(b) Address **2736 Cleveland**

17. (a) **Burial** (b) Date thereof **9-4-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-2-43** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **31**
year **43** hour **7** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **7-26**
1 19**43** to **Aug. 31** 19**43**
that I last saw h. i. m. alive on **8-31** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration

Due to **Empyema of Chest**

Due to **Coronary artery disease**

Other conditions (Include pregnancy within 3 months of death) **470**

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 **3**

23. Signature **T. E. Brown** (Date signed **9-1-43**)
Address **3800 E 27th St. Kansas City, Mo.**

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

MOTHER FATHER

W. Thompson

3800 E. 27

1 P.M.

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 *Walter H. Corwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.