

FILED DEC 11 1943

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6407 Ridge Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Mary Berscheid  
 (b) If veteran, name war NO  
 (c) Social Security No. NONE

4. Sex Female / race White  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Peter Berscheid  
 (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased July 7 1879  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 0  
 If less than one day  
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name ? Peltz

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

14. Maiden name Unknown

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

16. (a) Informant Peter Berscheid

(b) Address 6407 Ridge Ave

17. (a) Burial (b) Date thereof Dec 10 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave

19. (a) DEC - 9 1943 (b) E. E. Mc Gowan, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6407 Ridge Ave  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7  
 year 1943 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 1943  
 to Dec 6 1943  
 that I last saw her alive on Dec 6  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis with occlusion

Due to.....

Due to.....

Other conditions Arterio-Sclerosis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy 9/6

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)

While at work?..... (e) Means of injury.....

23. Signature Muriel Lane (M. D. or other)

Address 1492 Hodiament Date signed 12/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr Bone  
Poe Building  
7108P.M.

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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.....

*G. W. Wilkinson*

Licensed Embalmer No..... 3575

P. O. Address.....

**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.