

FILED FEB 27 1944

Registrar's No. **514**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital **Children's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Ballou**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1 Box 69**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Geneva Berhorst**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 28 1940**
(Month) (Day) (Year)

8. AGE: Years **3** Months **0** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER
12. Name **Raymond Berhorst**
13. Birthplace **Richfountain Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Carol Ince**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Brandt**

(b) Address **500 S. Kingshighway**

17. (a) **Richfountain** (b) Date thereof **1-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richfountain Mo**

18. (a) Signature of funeral director **Frank Berhorst**

(b) Address **Ballou Mo. Route 1 - Box 69**

19. (a) **JAN 18 1944** (b) **J. T. Probst**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6** the year **1944** hour **4 am** minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 28** 19**43** to **Jan 6** 19**44**

that I last saw him alive on **Jan 6** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Tuberculous Meningitis

Due to _____

Due to _____

Other conditions **1/4**
(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 **Gilbert B. Lopez** (M. D. or other)

Address **500 S. Kingshighway** Date signed **1-6-44**

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

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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.....

Licensed Embalmer No.....

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.