

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 87
1139
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 15 East Jackson Rd. N.B.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME MYRA GRAY BERKEMEYER
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3 1944
year 1944 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Mar. 11, 1943, to Feb. 3, 1944
that I last saw her alive on Feb. 3, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Herman A. Berkemeyer
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept. 12th 1875
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to arteriosclerosis of coronary arteries
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy as above

8. AGE: Years 68 Months 4 Days 17
9. Birthplace Illinois
10. Usual occupation Housewife
11. Industry or business _____
12. Name Charles Gray
13. Birthplace Illinois
14. Maiden name Frances Mc Bride
15. Birthplace Illinois
16. (a) Informant Herman A. Berkemeyer
(b) Address 15 E. Jackson Rd.
17. (a) _____ (b) Date thereof 2-5-44
(c) Place: burial or cremation Joseph Burial Park
18. (a) Signature of funeral director Wiegslauer Mortuaries
(b) Address 4228 So. Kingshighway
19. (a) FEB 4 1944 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Geo. W. Shuer (M.D. or other) _____
Address 901 Beaumont Bldg. Date signed 2-4-44

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

Dr. Geo. Stearns Jr
Barnum Rd
130 - 5
Dr. 4515

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:

Clarence A. McArthur

Licensed Embalmer No.

3024

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.