

No. 2
5-43
5-17-39
X35671

FILED MAY 20 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4437**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3702 (Rear) Morganford /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)

In this community 72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME. MRS. DINA BERLEMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 9 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>3</u>	<u>1</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Hunschen

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

14. Maiden name

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

16. (a) Informant Mrs. Emma Haslam

(b) Address 3702 Morganford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation ZION Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN FUNERAL HOME

(b) Address 1936 St. Louis Ave.

19. (a) MAY 13 1944 (Date received local registrar) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3702 Morganford (Rear)
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1944 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-13-41, 1941, to 5-1-44, 1944;

that I last saw her alive on 5-1-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyococculitis

Due to

Due to

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)

23. Signature J. F. Bredack (M.D. or other)
Address 4065-50th Date signed 5/13/44

Dr. J. L. Ferris
4065 So Grand

1-2

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. Hat*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.