7. S. No. 2
00M—2-43
ev. 5-17-39
I X3565

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26068

State File No.

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7191

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 or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs 9mos 29das (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DEACESED: 000 17 9/3

(a) State Missouri (b) County

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

(d) Street No. ~~1409 Destrehan~~ 5300 Arsenal (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY BERENDY

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 married

6. (b) Name of husband or wife John Berendy

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased February (Month) 2 (Day) 1869 (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day hr. min.

9. Birthplace not known (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Schwartz
13. Birthplace not known (City) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Theresa ?
15. Birthplace not known (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St. 1947

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14th St

19. (a) AUG 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1944 hour 10:10 minute P.M.

21. I hereby certify that I attended the deceased from May 1, 1944 to August 16, 1944 that I last saw her alive on August 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	1 week
General Arteriosclerosis	1941x
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations

np

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L Kerschbaumer (M. D.)

Address 5300 Arsenal Date signed 8-16-44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard D Rowland

Licensed Embalmer No. 3174

P. O. Address Athens Me

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.