

**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:  
1653 S Spring 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)

**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. 1653 S Spring Ave  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Bereman Theona Ellis  
**3. (b) If veteran,** name war..... **3. (c) Social Security No.** None  
**4. Sex** Female **5. Color or race** White **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** September 16 1870  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month September day 13  
 year 1944 hour 5:00 minute..... P. M.  
**21. I hereby certify that I attended the deceased from** Dec - 7  
 1938 to Sep. 13 1944  
 that I last saw her alive on Sep. 13 1944  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 73 Months 11 Days 27  
 If less than one day  
 hr. .... min.

Immediate cause of death Chronic Myocarditis Duration 10 yrs.  
 Due to Hypertensive heart disease 10 yrs.  
 Due to arterio-sclerosis general 10 yrs.  
 Other conditions.....  
(Include pregnancy within 3 months of death)

**9. Birthplace** Mt. Pleasant Iowa  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**10. Usual occupation** Housekeeper  
**11. Industry or business** at Home

**MOTHER FATHER**  
**12. Name** Samuel D. Bereman  
**13. Birthplace** Indiana  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Damaris Ross  
**15. Birthplace** Piqua Ohio  
(City, town, or county) (State or foreign country)

**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.....

**16. (a) Informant** Fay Bereman (Sister)  
**(b) Address** 1653 S. Spring Ave  
**17. (a) Removal**..... **(b) Date thereof** Sept 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Atchison Kansas

**18. (a) Signature of funeral director** Peetz Bros  
**(b) Address** 3029 Lafayette Ave  
**19. (a) SEP 15 1944** **(b) J. C. Bebeck**  
(Date received local registrar) (Registrar's signature)

**23. Signature** H. G. Newman (M. D. or other) M.D.  
**Address** 3720 Washington **Date signed** 9/15/44

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

Overstamped - Woman

2910 - Washington  
Jeff 4-5-18  
1:30 PM

**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 Paul D. Jones  
Licensed Embalmer No. 2245  
P. O. Address 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.