

**FILED JUL 28 1945**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis, Mo.**

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

(c) Name of hospital or institution:  
**Firmin Desloge Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or days **0**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis Missouri** **17**  
(If outside city or town limits, write "RURAL") **26**

(d) Street No. **1204 Monroe St.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **August Berle**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. **498-14-2049**

**4. Sex** **Male** **0** **5. Color or** **W** **6. (a) Single, widowed, married,** **divorced** **Married**  
race **W** /

**6. (b) Name of husband or wife** **Jennie Berle** **6. (c) Age of husband or wife if** **58** **years**  
alive \_\_\_\_\_

**7. Birth date of deceased** **8-5-1879**  
(Month) (Day) (Year)

**8. AGE:** Years **65** Months **11** Days **9** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **St. Louis, Mo.** **0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Factory Worker**

**11. Industry or business** **Bussmann Fuse Co.**

**MOTHER** { **12. Name** **Joseph Berle**

**13. Birthplace** **Alsace-Lorraine** **4**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Catherine Beckenstedt**

**15. Birthplace** **St. Louis, Mo.** **11**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Jennie Berle**

**(b) Address** **1204 Monroe Ave.,**

**17. (a) Burial** **5** **(b) Date thereof** **7-17-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Calvary Cemetery**

**18. (a) Signature of funeral director** **SULLIVAN BROTHERS**

**(b) Address** **2849 North Euclid Ave.**

**19. (a) Jul 16 1945** **J. F. Budack**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **7-14-45** day \_\_\_\_\_  
year \_\_\_\_\_ hour **8:20 a.m.** minute \_\_\_\_\_ M. \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** **6-15-45**, 19\_\_\_\_, to **7-14-45**, 19\_\_\_\_;  
that I last saw h. **im** alive on **7-14-45**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Arteriosclerotic Cardio-Vascular Disease**

Due to **Arteriosclerotic Cardio-Vascular Disease** **uncertain**

Due to \_\_\_\_\_

Other conditions **Aplastic Anemia** **uncertain**  
(Include pregnancy within 3 months of death) **uncertain**

**Latent Syphilis.** **PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **Confirmed diagnosis given above**

**22. 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** **J. O. Brown** (M. D. or other) **MD**  
Address **13255 Grand** Date signed **7/15/45**

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

**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

*Robert L. Brinkman*

Licensed Embalmer No.

*3553*

P. O. Address

*St Louis Mo*

**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.**