

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI

38917

FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH 7003
BUREAU OF THE CENSUS
Registration District No. 318 Primary Registration District No. 1003 State File No. 11598 Registrar's No.

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:
2116a John Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... 000
(c) City or town... St. Louis 9/7
(If outside city or town limits, write "RURAL")
(d) Street No... 2116a John Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Julius R. Bersch
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 29, year 1945 hour 12:15 AM minute M.
21. I hereby certify that I attended the deceased from Sept 28th 1945 to Dec 28th 1945 that I last saw him alive on Dec 28th 1945 and that death occurred on the date and hour stated above.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased April 18, 1867
(Month) (Day) (Year)

Immediate cause of death:
Chronic (Bronchial) Asthma =
Arterial Sclerosis
Chronic Endocarditis
Duration: 6 years
Physician: Blue

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

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

10. Usual occupation Retired

11. Industry or business

12. Name William Bersch

13. Birthplace Baltimore Md. 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Richtscheid

15. Birthplace Philadelphia Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Bersch

(b) Address 2116a John Ave

17. (a) Cremation (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 31 1945 (b) J. F. Brudeck
(Date received local health year) (Registrar's signature)

Major findings:
Of operations: 92
Of autopsy:

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: Alfred Hestegler (M. D. or other)
Address: 424 N. Howard Date signed: 12/29/45

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 *Gustav W. Rietzke*

Licensed Embalmer No. *4329*

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.