S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25035

FILED AUG 9 1946

Registration District No. 3518 Primary Registration District No. 1003 Registrar's No. 6237

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 21 years 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. 4640 Sacramento
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Ruth Berardino
3. (b) If veteran, name war No
3. (c) Social Security No. 494-24-3881
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph L.
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased February (Month) 9 (Day) 1925 (Year)

8. AGE: Years 21 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business Self
MOTHER FATHER
12. Name James C. Richardson
13. Birthplace Blodgett (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Edith Dirickson
15. Birthplace Galatia (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Joseph L. Berardino
(b) Address 4640 Sacramento
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 (Month) (Day) 1946 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bensiek-Niehaus
(b) Address 1431 Union Bl
19. (a) AUG 1 1946 (Date received by local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1946 hour 9 minute 14 p. M.
21. I hereby certify that I attended the deceased from 7-26 1946 to 7-29 1946
that I last saw h. alive on 7-29 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	10 days
Due to: Pregnancy, 8 months	
Due to: Gestation	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations none
Of autopsy (yes) DePaul Hosp.

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 Roy Johnson (M. D. or other)
Address Ferguson Mo. Date signed 7/29/46

(Licensed Embalmer's Statement on Reverse Side)

23886

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

to Mo Florissant

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.....

Licensed Embalmer No. 29/15

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.

LEM - TL