

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED DEC 24 1948**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(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 RUTH ANN BERARDINO

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 25 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nihil

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Joseph Berardino

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Edna Ruth Richardson

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph L. Berardino

(b) Address 4640 Sacramento

17. (a) Burial (b) Date thereof 12-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benedict - Nebauer

(b) Address 1431 Union Bl

19. (a) DEC 13 1948 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1946 hour 11 minute 00 AM

21. I hereby certify that I attended the deceased from Oct 8 to Dec 12, 1946  
that I last saw her alive on Dec 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Enteritis Duration 6 weeks

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 119

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J. P. Prout (M. D. or other) \_\_\_\_\_  
Address 496 1/2 Maryland Date signed Dec 13/46

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

INDEXED

**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..... *Frank H. Nicholas* .....

..... Licensed Embalmer No. *2915* .....

..... 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.**