

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 yrs.  
In this community 22 yrs.  
years, months or days

3. (a) PRINT FULL NAME Mrs. Ada Berlin  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced W 51

6. (b) Name of husband or wife Hugh Berlin  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 5, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 27 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name G. Thomason  
13. Birthplace unknown  
14. Maiden name Lucy Featherston  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch  
(b) Address 5351 Delmar Blvd. St. Louis

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

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Pomo  
(b) Address 6175 - Delmar

19. (a) DEC 3 1946 (Date received local registrar)  
J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Second  
year 1946 hour Five minute 30 P.M.

21. I hereby certify that I attended the deceased from October 31  
1946 to December 2, 1946  
that I last saw her alive on December 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast  
Duration 5 yrs.

Due to \_\_\_\_\_  
Due to 50

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

Major findings: 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)  
(e) Means of injury \_\_\_\_\_

23. Signature Alton Tansler (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand Blvd. Date signed 12-3-46

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

40945

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**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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.**