. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14852

FILED MAY 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4668

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5621 Itaska Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 62 years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6 a.o.

(c) City or town St. Louis 14 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5621 Itaska Ave. 9 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Olga Berkeman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward Berleman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 18th. 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 7. Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sieghold
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mr. Edward Berleman

(b) Address 5621 Itaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 8 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th. year 1947 hour 9:10 PM. minute M.

21. I hereby certify that I attended the deceased from April 3 1947, to May 7, 1947 that I last saw her alive on May 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Renal disease	
Due to Diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature J. Grant M.D. (M. D. or other)

Address 5521 S. Rodney Date signed 5/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.

Dr. Graneto - 5521 S. Broadway