S. No. 2
1—1/47
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. 42849

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12037

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: 3920 Childress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3920 Childress 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis C. Bermel
3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 14 (Day) 1894 (Year)

8. AGE: Years 53 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Charles Bermel
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mary Casper
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Bermel
(b) Address 3920 Childress
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.
19. (a) DEC 31 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1947 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12/11/47, 19..., to 12/29/47, 19...; that I last saw h. alive on 12/29/47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis 24 hrs
Due to Ch. hypertensive 1 yr.
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

23. Signature (M.D. or other)
Address 4523 S. Kingshighway Date signed 12/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1948

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.