

FILED JAN 30 1949  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
4932 Buckingham Ct.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
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. 4932 Buckingham Ct  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ROBERT BEELINGER

3. (b) If veteran, name war.....

3. (c) Social Security No. 490-01-0140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1948 ho 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 1947, to Jan 22, 1948  
that I last saw h. survive on Jan 22, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race..... W.

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

6. (b) Name of husband or wife..... Jane Levy Berlinger

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

7. Birth date of deceased..... Oct 22 1907  
(Month) (Day) (Year)

Immediate cause of death.....  
Carcinoma of liver

Due to.....

Due to.....

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

40 3 0 hr. min.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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

10. Usual occupation..... Camp Director

11. Industry or business.....

12. Name..... Harry Berlinger

13. Birthplace..... Waterville Kan.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Lena Heim

15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant..... Jane Berlinger

(b) Address..... 4932 Buckingham Ct.

17. (a) Burial (b) Date thereof..... 1/26/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Kansas City Mo.

23. Signature..... Mrs. Kestner (M. D. or other).....  
Address..... 539 N Grand Date signed..... 1-23-48

18. (a) Signature of funeral director..... M. J. Mays

(b) Address..... 1356 Lindell Blvd

19. (a) JAN 24 1949 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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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.....

*J. W. Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

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.