

FILED MAR 15 1948  
Registration District No. **818**

Primary Registration District No. **1003**

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

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. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-years**  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **0-20**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **St. John's Hospital** **9**  
**12** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mary Elizabeth Berkley**

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. 2**

6. (b) Name of husband or wife **William J. Berkley** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **March 26th., 1856**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**91 11 10** hr. min.

9. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Charles Jones**

13. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emilie Josti**  
(City, town, or county) (State or foreign country)

15. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Carroll A. Berkley**

(b) Address **6131 Washington Blvd.**

17. (a) **Burial** (b) Date thereof **3-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary**

18. (a) Signature of funeral director **Arthur J. Connelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 8 1948**  
(Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th.**,  
year **1948** hour **7** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **January 1**, 19**46**, to **March 6**, 19**48**,  
that I last saw **her** alive on **March 6**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Myocardial degeneration 6 mos**  
**Ch. Interstitial Nephritis 6 mos**  
Due to **arterio-sclerosis** **10 yrs**

Due to **Cerebral Thrombosis 2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration

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 **J.F. Bruck** (M. D. or other)  
Address **4857 Maryland** Date signed **3/6/48**

**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 A Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

**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.**