

No. 2  
-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13861  
State File No. 4213  
Registrar's No. 7

FILED MAY 11 1948  
Registration District No. 918

Primary Registration District No. 1003

WRITE PLAINLY—USING 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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks. 11 mo. 21 ds.  
(Specify whether years, months or days) 18 yrs.

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. 5400 Arsenal St. 9  
L3 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JOSEPH BERRE  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced sgl.  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 71 ? ? hr. min.

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

10. Usual occupation Laborer

11. Industry or business  
12. Name Unknown  
13. Birthplace Italy  
(City, town or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Italy  
(City, town or county) (State or foreign country)

16. (a) Informant Helma Sengler  
(b) Address 5400 Arsenal St.

17. (a) Burial  
(b) Date thereof MAY 5 1948  
(Month) (Day) (Year)  
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C Calcatem  
(b) Address 5147 W. Hazel St.

19. (a) MAY 4 1948  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1948 hour 8:00 minute A M.  
21. I hereby certify that I attended the deceased from April 2 1945 to May 3 1948  
that I last saw her alive on May 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia  
Duration 2yrs. x.  
Due to  
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? (Specify means of injury)  
23. Signature L. H. Waller (M. D. or S. D.)  
Address 5400 Arsenal St. Date signed 5/3/48

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.