

STANDARD CERTIFICATE OF DEATH

State File No.

27509

FILED SEP 7 1948

1003

7345

Registration District No.

Primary Registration District No.

Registrar's No.

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: ENROUTE TO CITY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 28 years.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George Bereyso

3. (b) If veteran,

name war: World War #1

3. (c) Social Security No.

702-09-0184

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: KATHERINE
 6. (c) Age of husband or wife if alive: 51 years
 7. Birth date of deceased: APRIL 23 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 27 hr. min.

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

10. Usual occupation: COY. MERCHANT

11. Industry or business: MANUFACTURES R.R.

12. Name: ANDREW W. BEREYSO

13. Birthplace: LITHUANIA
 (City, town, or county) (State or foreign country)

14. Maiden name: ANNA ZENESKI

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

16. (a) Informant: KATHERINE BEREYSO

(b) Address: 4128 WALSH

17. (a) BURIAL (b) Date thereof: AUG 23 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: NATIONAL CEMETERY, J.B.

18. (a) Signature of funeral director: John J. [Signature]

(b) Address: 3029 Lafayette Ave.

19. (a) AUG 21 1948 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: Mad
 (c) City or town: ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 4128 Walsh
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUG day: 20
 year: 1948 hour: 11:33 minute: A.M.

21. I hereby certify that I attended the deceased from
 , 19 to , 19

that I last saw him alive on , 19
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion;
Coronary Sclerosis.

Due to: [Signature]

Due to: [Signature]

Other conditions: [Signature]
 (Include pregnancy within 3 months of death)

Major findings: [Signature]
 Of operations:

Of autopsy: [Signature]

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)

(e) Means of injury:

23. Signature: [Signature] M. D. or other

Address: [Signature] Date signed: 8/21/48

MOTHER FATHER

WRITE PLAINLY

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. 4242

P. O. Address 303 47 4400

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.