

FILED OCT 1 1948 **318**

Primary Registration District No. **1000**

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

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:
4635a Cecil Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life**
years, months or days

3. (a) PRINT FULL NAME **Lottie Berding**
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female /** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Henry Berding** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **February 25, 1874**
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **21** If less than one day
hr. min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Durkus**

13. Birthplace **not known not known**
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward L Berding**
(b) Address **4635 Cecil Place**

17. (a) **burial** (b) Date thereof **9/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **J L Ziegenhein & Sons**
(b) Address **7027 Gravois**

19. (a) **SEP 20 1948** (b) **J. J. Bredon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **4635a Cecil Place** **6**
(If rural, give location) **5**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **16**
year **1948** hour **9** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 30**, 19**47**, to **Sept 16**, 19**48**;
that I last saw her alive on **Sept 10**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis - Failure** **Sudden**
Due to **Hypertensive Cardia -** **years**
Vascular disease

Other conditions _____
(Include pregnancy within 3 months of death) **930**

Major findings: _____
Of operations _____
Of autopsy _____

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) (a) Means of injury _____
23. Signature **Charles Montoni** (M. D. or other) **MD**
Address **5147 Daggett Ave** Date signed **9-18-48**

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. G. Peterson*

Licensed Embalmer No. *3727*

P. O. Address *7027 Gravis*

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.