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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32526**
Registrar's No. **5**

Registration District No. **179**

Primary Registration District No. **5442**

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/2 mi. East of Morrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 mi. East of Morrison
(If rural, give location)

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

3. (a) PRINT FULL NAME ALBIN JOSEPH BEREND

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Theresa Berend

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

7. Birth date of deceased March 18 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Shoemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Berend 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fritzing 4

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Berend

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George Cemetery

18. (a) Signature of funeral director Hugh H. Shuman

(b) Address Hermann, Mo

19. (a) 10/25/48 (b) [Signature]
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 19 1948 to October 19 1948
that I last saw him alive on October 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease 5 yrs

Due to Gen. arteriosclerosis, senility, gen. debility, etc. Many yrs

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: None

Of operations _____

Of autopsy None

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 Carol T. Shaw MD (M. D. witness)
Address Hermann, Mo Date signed 10-23-48

NOV 10 1948

District Health Officer No. 9,

RECEIVED

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. 3160

P. O. Address Hermann, Mo

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.