

FILED MAY 20 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17069
4170

318

1003

Registrar's No.

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5436 Clemens Avenue				d. STREET ADDRESS (If rural, give location) 5436 Clemens Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Ben		b. (Middle) O.		c. (Last) Berger		4. DATE OF DEATH (Month) (Day) (Year) May 8 1949	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH June 6, 1864		9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Quincy, Ills.			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Simon Berger			13b. MOTHER'S MAIDEN NAME Theresa Weinberg		14. NAME OF HUSBAND OR WIFE Louise K. Berger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 491-16-5644		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verdin A. Berger, 5436 Clemens			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease					INTERVAL BETWEEN ONSET AND DEATH ???
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolism					5 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 131 st			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 44' X			
22. I hereby certify that I attended the deceased from May 12, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 7:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Sign or title) Verdin A. Berger				23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 5-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 5-11-1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAY 9 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Sons 6175 Delmar			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6170 Delmar

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.