

BIRTH NO. _____ REG. DIST. NO. 809 PRIMARY REG. DIST. NO. 3043 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>212 Division ST</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ANNA</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>BERLEMAN</u>	<u>July 12 1949</u>		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 19 1876</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>7</u>	11. DAYS <u>3</u>	12. HOURS <u>4</u>	13. MIN. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Quincy Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>William W. Brentfield</u>	13b. MOTHER'S MAIDEN NAME <u>UNITA</u>	14. NAME OF HUSBAND OR WIFE <u>William Berleman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Roberts Sulman</u> ADDRESS <u>Hannibal Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism, right</u> DUE TO (c) _____		<u>4 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-2-49, 19 , to 7-12-49, 19 , that I last saw the deceased alive on 7-12-49, 19 , and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Brown</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	23c. DATE SIGNED <u>7-13-49</u>
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24a. BURIAL, CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>7-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-15-49</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke Deputy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James Adamek</u> ADDRESS <u>Hannibal</u>
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.