

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34940

State File No. 9480

FILED NOV 10 1949

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9480

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 11			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2131 Vermont Ave.				d. STREET ADDRESS (If rural, give location) 7131 Vermont Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) A.		c. (Last) Boerschig		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 20, 1907	
9. AGE (In years last birthday) 42		10. MONTHS 5		11. DAYS 12		12. HOURS & MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Berschig		13b. MOTHER'S MAIDEN NAME Anna Hollandkamp		14. NAME OF HUSBAND OR WIFE Marie Berschig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) If yes, give war or dates of service # yes W.W. #1		16. SOCIAL SECURITY NO. 494074045		17. INFORMANT'S SIGNATURE OR NAME Marie Berschig, 7131 Vermont		ADDRESS	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION 5/19/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum & metastases to liver				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) H.H.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15-4X			
22. I hereby certify that I attended the deceased from 5/19, 1948, to 10/31, 1949, that I last saw the deceased alive on 10/31, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Benjamin M.D.				23b. ADDRESS 7430 Virginia Ave.		23c. DATE SIGNED 11/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-4-49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REGISTRY NOV 3 1949		REGISTRAR'S SIGNATURE J.B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Undtk. Co., 7420 Michigan			

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

*Benjamin
7430 Ferguson Ave -*

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 *Yahnke, R O.*

Licensed Embalmer No. *3917*

P. O. Address *4355 Washington*

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.