

FILED MAR 2 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 6417

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1473

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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2631 Accomac St.		d. STREET ADDRESS 23		(If rural, give location) 2631 Accomac St.	
3. NAME OF DECEASED (Type or Print) Berenice		a. (First)	b. (Middle)	c. (Last) Mascheck	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 6, 1898	9. AGE (In years last birthday) 52 Months 11 Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eugene Brandemour		13b. MOTHER'S MAIDEN NAME Mary Connelly		14. NAME OF HUSBAND OR WIFE Edward Mascheck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles Joseph Mascheck 2631 Accomac St	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  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 27
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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? 356.1	
22. I hereby certify that I attended the deceased from my 1949, to 2/12/51, that I last saw the deceased alive on 2/12, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.					
23a. SIGNATURE Ralph Berg			23b. ADDRESS 3203 S. Grand		23c. DATE SIGNED 2/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Bemetery	
24d. LOCATION (City, town, or county) St. Louis County, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. FEB 13 1951		REGISTRAR'S SIGNATURE J.S. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons 2630 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No. ....

Signed.....

*Robert F. Gohken*

Signed.....  
Student Embalmer

Licensed Embalmer No. **4144**

P. O. Address **2630 Gravois Ave.**

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: