

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4246**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **0194**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN LAMBERT FIELD c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE 4651	
d. FULL NAME OF HOSPITAL OR INSTITUTION McDONALD AIR CRAFT CO		d. STREET ADDRESS (If rural, give location) 811 E ESSEX AVE 0	
3. NAME OF DECEASED a. (First) SIGURD b. (Middle) T c. (Last) BERENTSON			4. DATE OF DEATH (Month) (Day) (Year) 1 17 53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-13-1901
9. AGE (in years last birthday) 51		if UNDER 1 YEAR Months 1 Days 4	if UNDER 12 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCTION PLANNING		10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT MFR.	11. BIRTHPLACE (City and State or Foreign Country) CHICAGO- ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME SEBERT-BERENTSON	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DELLAMAE-BERENTSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DELLAMAE-BERENTSON - 811 E ESSEX AVE
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 4201			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		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)			
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?			
22. I hereby certify that I attended the deceased from on 17 January 1953 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles T. Jaeger, M.D. 0		23b. ADDRESS 7158 Manchester	
23c. DATE SIGNED 1-19-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-19-53	
24c. NAME OF CEMETERY OR CREMATORY CHICAGO Cem		24d. LOCATION (City, town, or county) (State) CHICAGO ILL	
DATE REC'D BY LOCAL REG. 1-19-53		REGISTRAR'S SIGNATURE Herbert R. Domb...	
25. FUNERAL DIRECTOR'S SIGNATURE W. B. SMITH		ADDRESS 7456 Manchester-Maplewood	

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 _____

J. A. Burgess

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

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.