

REGD AUG 11 1939 791
Registration District No. 1003

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2203a Cherokee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 45 Years
years, months or days

8. (a) PRINT FULL NAME Ellanor Theresa Wack
8. (b) If veteran, name war No
8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwin 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 28 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	2	9	hr. _____ min. _____

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Berberich Sr.
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
14. Maiden name Schader
15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otto Berberich
(b) Address 3754 S. Broadway

17. (a) Burial (b) Date thereof 7/8/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Wacker-Reisler

(b) Address 2331 S. Broadway

19. JUL 7 1939 (Date received local registrar) (b) J. D. Berberich

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2203a Cherokee
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1939 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 13 1939 to July 6 1939
that I last saw him July 6 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Duration _____

Due to _____
Due to Chronic Ind. Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: MI
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Specify nature of injury)

23. Signature J. D. Berberich (M. D. or other) _____
Address 4930 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Robert C. Wheeler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No. *2178*

P. O. Address *Atlanta, Ga*

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, above space should be left blank.