

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27456**

SEP 14 1939 791

Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **6956**

1. PLACE OF DEATH: **1008**
 (a) County _____
 (b) City or town **St. Louis Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **BARNES HOSPITAL**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **One week**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis**
 (c) City or town **University City** **[NR]**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7338 Pershing**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Joseph Berger 626**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **8** day **9**
 year **39** hour **5** minute **15 P.**
 21. I hereby certify that I attended the deceased from **2** to **8-9**, 19**39**
 that I last saw him **live on** **8-9**, 19**39**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Bessie Berger** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **Sept. 17, 1864**
 (Month) (Day) (Year)

Immediate cause of death **Leukemia, myelogenous cerebral hemorrhage due to decreased platelets. Acute pulmonary edema. Compensating cardiac decompensation**
 Duration **2 mo.**
 Due to _____
 Due to _____

8. AGE: Years **74** Months **10** Days **19** If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: **Of operations**
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

9. Birthplace **unknown** **Austria**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Executive**
 11. Industry or business **New Era Shirt Co.**

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Austria**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Austria**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **David Berger**
 (b) Address **7338 Pershing Blvd.**
 17. (a) **Burial** (b) Date thereof **Aug. 11-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Sinai Cem.**

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? _____

18. (a) Signature of funeral director **Herman Fundstony**
 (b) Address **5216 Delmar Blvd.**
 19. (a) **AUG 10 1939** (b) **J. H. Balleck**
 (Date received local registrar) (Registrar's Signature)

While at work? _____ (Specify type of place) (s) Means of injury _____
 23. Signature **J. H. Bradley** (M. D. or other) _____
 Address **BARNES HOSPITAL** Date signed _____

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.....

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

, working under my personal supervision.

Signed..... *Chas. Cooper*

Licensed Embalmer No. *3830*

P. O. Address..... *516 Delmar*

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.