

NOV 13 1939 791

Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8490

1. PLACE OF DEATH: 2  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4969a Oleatha Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

8. (a) PRINT FULL NAME Charles F. Berkel 624  
 8. (b) If veteran, name war None  
 8. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Clara M. Berkel  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased Nov. 30 1878  
 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 2  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Letter Carrier

11. Industry or business \_\_\_\_\_  
 12. Name Fred Berkel  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emma Steckling  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara M. Berkel  
 (b) Address 4969a Oleatha Ave.

17. (a) Burial (b) Date thereof 10-5-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary  
4228 So. Kingshighway  
 (b) Address \_\_\_\_\_

19. (a) OCT 3 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 14  
 (d) Street No. 4969a Oleatha Ave. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 2nd  
 year 1939 hour 12 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from 2/1, 1937, to Oct 2<sup>nd</sup>, 1939;  
 that I last saw him alive on Oct 1<sup>st</sup>, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Sarcoma of Lung Duration 6 mos.  
 Due to Sarcoma Gluteus Max Muscle 2 yrs.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Fibrosarcoma of Gluteus Max. No recurrence at site of operation.  
 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? \_\_\_\_\_

28. Signature H. E. Mallow (M. D. or other) M.D.  
 Address 4989 North St Date signed 10/3/39  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

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.

Dr. Matlock  
4030 Chautauque Ave. 3-16  
4989 Nevada St. 50. 2531

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**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 Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

**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.**