DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 791 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41585

Registrar's No. 10708

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.

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County /

(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")

(d) Street No. 7601 Alabama ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 25 yrs. years.

3. (a) PRINT FULL NAME William Berning 655

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 13 (Day) 1859 (Year)

8. AGE: Years 80 Months 9 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Neunenhaus (City, town, or county) Germany (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed 6

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 6
15. Birthplace (City, town, or county) Germnay (State or foreign country)

16. (a) Informant's own signature Emma Siegel
(b) Address 7601 Alabama ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churcyard

18. (a) Signature of funeral director C. Hoffmeister N. L. Co.
(b) Address 7814 S. Broadway

19. (a) DEC 15 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 14 day 14
year 1939 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from 12-12, 1939, to 12-13, 1939, that I last saw him alive on 12-13, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia right	3 days
Chronic myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic nephritis	?
Hypertrophy of prostate	
Major findings: Of operations	
Of autopsy	

108

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?
(Specify type of place)
While at work? (e) Means of injury /

23. Signature J. M. Macnish (M. D. or other) M. D.
Address 504 Metropolitan Bl. St. Louis, Mo. Date signed 12-15-39

(Licensed Embalmer's Statement on Reverse Side)

James Mecinick
Metropolitan Bldg Grand Ave
Oct 0642
11-1
4-5

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.