

Registration District No. 791

Primary Registration District No. 1003

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:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis, 19
(If outside city or town limits write "RURAL")
(d) Street No. 4389 McPherson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry G. Berning. 655

8. (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 Married

6. (b) Name of husband or wife Emma Berning. 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July, 13, 1871.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69. 0. 11. hr. min.

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

10. Usual occupation Florist.

11. Industry or business _____

12. Name John Berning.

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

14. Maiden name Minna Bergesch.

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

16. (a) Informant Mrs Emma Berning.

(b) Address 4389 McPherson Ave.

17. (a) Entombment: _____ (b) Date thereof 7-27-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 2233 Delmar Blvd.

19. (a) JUL 26 1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from January 10, 1937, to July 24, 1940
that I last saw him alive on July 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Arteriosclerosis Thrombosis 1 day

Due to Chronic Myocarditis

Due to _____

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

Major findings:
Of operations no operation

Of autopsy none

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) (e) Means of injury !

23. Signature Edmond Bonnet (M. D. or other)

Address 1504 So Grand Date signed 7-26-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1504 So. Grand.
ARR - 2458
1-3 P.M. (Friday)

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis, Mo.

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.