

SEP 25 1940  
Registration District No. **791**

Primary Registration District No. **1003**

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

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: 1120a Sidney St. **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community over 50 years  
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. 1120a Sidney St. **23**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Louisa Berger **626**

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph Berger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 28, 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

12. Name Unknown Mandel

13. Birthplace Germany **6**  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany **6**  
(City, town, or county) (State or foreign country)

16. (a) Informant William R. Berger

(b) Address 1120a Sidney St.

17. (a) Burial (b) Date thereof Aug. 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Witt Bros. L. & N. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) AUG 3 1940 (b) J. G. Prudeck  
(Date received local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1940 hour \_\_\_\_\_ 1:30 P.M.

21. I hereby certify that I attended the deceased from August 26, 1939 to July 31, 1940  
that I last saw her alive on July 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis **4 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis **3 yrs**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. P. Kern (M. D. or other) \_\_\_\_\_

Address 2730 McNAIR AVE Date signed 8/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
*Paul A. Shanklin*  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2999 S. Jefferson*

**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.**