

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12044

APR 9 1941
Registration District No. 784

Primary Registration District No. 300

Registrar's No. 556

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Tiernon's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limit write "RURAL")
(d) Street No. 3223 Gary Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Marvin Francis Berhorst

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased March 10 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

9. Birthplace Pine Lawn, St. Louis Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

12. Name Andrew John Berhorst

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

14. Maiden name Teresa Henrietta Heckmann

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

16. (a) Informant Mrs. Teresa Berhorst

(b) Address 3223 Gary Dr.

17. (a) Burial (b) Date thereof Mar. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cemetery

18. (e) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) MAP 12 1041 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1941 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from
March 10 1941 to March 12 1941

that I last saw him alive on March 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Interlocking of heads of twins in utero and premature birth. After birth child was resuscitated by stimulents and oxygen. Taxis of shock treatment of heat and cold. Spasmodic breathing. Premature birth, 7 mo. intra-uteri, 1st of twins, weight 2 lb. 10 oz.

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

PHYSICIAN
Major findings: Of operations No
Of autopsy No
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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address 3718 Jennings Rd., St. Louis Co. Date signed 3-12-41

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

1100

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.....

Licensed Embalmer No.

P. O. Address.....

NO EMBALMING

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.