

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4234

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:
2932a Dodier St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 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. 2932a Dodier St. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1941 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from
May 1 1941 to May 19 1941
that I last saw him alive on May 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Ch Myocarditis
Due to Reinfect
Due to Arteriosclerosis
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 9/3/41
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

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 A. Shewing (M. D. or other) O. H. D.
Address 2342 Ashcroft Date signed 5/20/41

3. (a) PRINT FULL NAME William Berghorn.

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 Single.

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

7. Birth date of deceased. October 18 1854.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 1 hr. min.

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

10. Usual occupation Retired chair worker.

11. Industry or business _____

12. Name William Berghorn.

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

14. Maiden name Sophie Schroeder.

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

16. (a) Informant Mrs Anna Hennenda

(b) Address 2932a Dodier St.

17. (a) Burial (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns cem

18. (a) Signature of funeral director H. J. ...

(b) Address 2223 St. Louis ave.

19. (a) MAY 20 1941 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

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

20
19
41

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..... *John P. Bushholz*
Licensed Embalmer No..... *1674*
P. O. Address..... *3323 St. Louis Ave.*

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, fact should be so stated above.