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FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19981
State File No. 4793
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis 1715
(If outside city or town limits, write "RURAL")
(d) Street No. 4433 Asselora
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Thaddeus Berger

3. (b) If veteran, name war MO 3. (c) Social Security No. 49-05-2323

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Regina 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Jan 21, 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Philadelphia 1 Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Thaddeus Berger

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

14. Maiden name unknown

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

16. (a) Informant Mrs Regina Berger

(b) Address 4433 Asselora

17. (a) Burial (b) Date thereof 6/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celmary Cem

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4010 Chestnut

19. JUN 9 1941 (b) J. Hoffmeister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7,
year 1941 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 25, 1941, to June 7, 1941
that I last saw him alive on June 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the trachea

Due to _____
Due to _____

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

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 H. M. J. S. S. S. (M. D. or other) 0
Address 1515 Lafayette Avenue, Date signed 6/9/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

Ernest W. Spillers

Licensed Embalmer No.

4080

P. O. Address.....

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.