

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7727

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5861 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ / _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Eliza Berwanger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 April 4, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Berwanger

13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Snarr

15. Birthplace _____ Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Runch

(b) Address 823 Clara

17. (a) Burial (b) Date thereof 9/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 25 1941 (b) J. T. Bradach
(Date received local registrar) (Registrar's signature)

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. 2118 McCausland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1941 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from June
24 1941, to Sept 24 1941
that I last saw him alive on Sept 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of pancreas WT 10 Months
primarily in liver
Adenoma

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

Major findings: _____
Of operations _____
Of autopsy Cancer of pancreas & liver
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? _____

(Specify type of place)
While at work _____ Means of injury _____
23. Signature W. Antonio Hall (M. D. or other) _____
Address 1625 Iowa Date signed 9/24/41

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.....

Henry Eymck

Licensed Embalmer No.

1284

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, fact should be so stated above.