DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31190

Registration District No. 104 | Primary Registration District No. 3008 | Registrar's No. 223

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

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 11 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 1
(c) City or town: St. Louis City 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 6110 Southwest ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: ERWIN BERBLINGER

3. (b) If veteran, name war:
3. (c) Social Security No.: D.K.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grace Berblinger
6. (c) Age of husband or wife if alive: D.K. years
7. Birth date of deceased: August (Month) 9 (Day) 1890 (Year)

8. AGE: Years 51 | Months 0 | Days 12 | If less than one day: 18 hr. 35 min.

9. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Machine worker
11. Industry or business:

FATHER
12. Name: Erwin August Berblinger
13. Birthplace: — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Ella Kliefoth
15. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Hospital records
(b) Address: Fulton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 22 (Month) (Day) (Year)
(c) Place: burial or cremation: St Louis Mo
18. (a) Signature of funeral director: Kriegshauser
(b) Address: 4228 So Kingshighway Bl
19. (a) 8-22-41 (Date received local registrar) (b) R. N. Creson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day twenty-first year 1941 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from August fourteenth, 1941, to twenty-first, 1941, that I last saw h. ~~in~~ alive on Aug. 21st, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: General paresis — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 30B

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) 10
Address: State Hospital Date signed 8/21/41

106 (Licensed Embalmer's Statement on Reverse Side)

OCT 10 1941

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. Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.