No. 2
1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39378

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2480

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Rural (Gravois)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9902 Gravois Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9902 Gravois Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Berkley

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 Widow

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

7. Birth date of deceased June 7th, 1856 (1856)
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Leonard Heffner
13. Birthplace Penna.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fischer
15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leola Mehl
(b) Address 9902 Gravois Ave.,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/8/41
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John L Zugenheim & Sons
(b) Address 7027 Gravois Ave.,

19. (a) DEC 8 1941 (Date received local registrar) (b) E G McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1941 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 12, 1941, to Dec 6, 1941;
that I last saw her alive on Dec 3, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 Andrew Youngman (M. D. or other)
Address Sappington Mo Date signed 12/8/41

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(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7037 Gravois

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

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