

FILED NOV 16 1942
Registration District No. 318

Primary Registration District No. 1003

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

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: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 2 months
(Specify whether _____)
In this community _____
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. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country American 0

3. (a) PRINT FULL NAME August Berman

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

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 _____ (Month) (Day) (Year)

8. AGE: Years 47.82 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Berman
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Wilhelmina Taffal
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. Ryan

(b) Address City Infirmary

19. (a) OCT 31 1942 (Date received) (b) J. B. Bieleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
year 1942 hour 10:45 a. Minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia, causative organism not discovered Duration _____

Due to _____

Due to _____

Other conditions acute purulent pericarditis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy as given above

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. Maxwell (M. D. or other) _____

Address Isolation Hospital Date signed 10-30-42

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.....

Licensed Embalmer No.....

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.