

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **10070**

1. PLACE OF DEATH:

(a) County **St. Louis**
(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 Sanitarium 2
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **1 Week**
(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** **17**
(If outside city or town limits, write "RURAL") **49**
(d) Street No. **6148 Crescent Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John Berresheim**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Late Katharina Berresheim** 6. (c) Age of husband or wife if alive **26th** years

7. Birth date of deceased **Oct. 26th 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **5** If less than one day hr. min.

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

10. Usual occupation **Teamster**
retired 9 Yrs.

11. Industry or business **Unknown Berresheim**

12. Name **Unknown Berresheim**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Unknown**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss E. Berresheim**
(b) Address **6148 Crescent Ave.**

17. (a) **Burial** (b) Date thereof **12-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuary**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **DEC 3 1942** (b) **J. J. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1st**
year **1942** hour **12:45** minute **P.M.** M.

21. I hereby certify that I attended the deceased from 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**
Pulmonary embolism, thrombotic
of ribs 6th & 7th right and 8th and 9th.
Due to **thrombosis left leg. True cause**
cause of same could not be
Due to **determined**

Other conditions **1959**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1959**
Of autopsy **1959**

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) **Open Vein**
(b) Date of occurrence **not known**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
not known

While at work? **not known** (Specify type of place)
(e) Means of injury **not known**

23. Signature **W. J. Brueck** (M. D. or other)
Address **St. Louis** Date signed **12/3/42**

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

MOTHER FATHER

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 *Richard W. Storrsand*.....

Licensed Embalmer No. *4007*.....

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.