. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29722

FILED OCT 13 1943

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 8785

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: 3316 Salena St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 24 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Salena St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin A. Berthold

3. (b) If veteran, name war no.

3. (c) Social Security No. 489-07-1474

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Anna Berthold

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 7 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	7	25	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business

FATHER
12. Name George Berthold
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Zuckenbuehler
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Berthold
(b) Address 3316 Salena St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-43
(Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill, Belleville

18. (a) Signature of funeral director Witt Bros. L & Nlo.
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1943. hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from Aug 20, 1943, 19 to Oct 2, 1943;
that I last saw him alive on Oct 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangled on mucous Hemorrhage from rt lung	4 days
Due to Cancer of tongue metastases to lung and throat	2 years
Due to	
Other conditions Fracture of neck of right Femur May 1943 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Fracture had healed, did not contribute to the cause of death.
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) no
(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 Leroy E. Ellison M.D. (M. D. or other) MD
Address 3610 So Broadway Date signed 10-4-43

(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 persqnal supervision.

Signed Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jeffers

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.