

S. No. 1
M-2-45
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32911**
Registrar's No. **9402**

Registration District No. **318** Primary Registration District No. **1003**

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:
Christian Hospital
(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)

3. (a) PRINT FULL NAME Theresa B. Berhorst

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

4. Sex Female 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 _____ years

7. Birth date of deceased October 26 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Stephen Berhorst

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marie Walsh

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Berhorst
(b) Address 3707 Garfield Ave.

17. (a) Burial (b) Date thereof 10-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros. 2178
(b) Address 1710 N. Grand Blvd.

19. (a) OCT 26 1943 (b) J. F. Berhorst
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 11
(d) Street No. 3707 Garfield Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1943 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct. 26 1943 to Oct. 26 1943
that I last saw her alive on 10-26-43
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Pneumonia
Alba Bilevel
Duration (Lived 7 hours)

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Congenital Pneumonia
Alba both lungs

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)
(e) Means of injury _____

23. Signature W. W. Harris (M. D. _____)
Address 3505 Howard Date signed 10/26/43

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

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.

Not Embalmed

Signed *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.