

No. 2
-5-43
5-17-39
I X36671

FILED FEB 3 1946
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**
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **36 Years**
(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 Mo 517**
(If outside city or town limits, write "RURAL")
(d) Street No. **5792 Westminster 9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Rose Berger**

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 **Widow**

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

7. Birth date of deceased..... **May 15 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 13 hr. min.

9. Birthplace..... **New York New York**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER { 12. Name..... **George Goodman**

13. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah (unk)**

15. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Julius Berger**

(b) Address..... **1292 Hamilton**

17. (a) **Burial** (b) Date thereof..... **1/30/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Mt. Sinai**

18. (a) Signature of funeral director..... **Berger Memorial**

(b) Address..... **4715 McPherson ave.**

19. (a) **JAN 29 1946** (b) Registrar's signature..... **J. F. Brudey**
(Date received for filing) (Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
year **1946** hour **7** minute **00** - A. M.

21. I hereby certify that I attended the deceased from **Nov. 7** 19**45** to **Jan 28** 19**46**
that I last saw her alive on **Jan 28** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial Fibrillation**

Due to..... **Disruptive myelitis & myocarditis**

Due to..... **U**

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

Major findings:
Of operations.....
Of autopsy..... **none**

Duration

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.....
Signature..... **Hewitt** (M. D. No. **2623**)
Address..... **538 N. Taylor ave.** Date signed..... **1/28/46**

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.

1397

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.