

STANDARD CERTIFICATE OF DEATH

10901

State File No.

Registrar's No. 2151

Registration District No.

Primary Registration District No.

FILED MAR 18 1946 318

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2018 Allen Av.  
(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 Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2018 Allen Av.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Berndsen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 10 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 10 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Bernard Droppelman

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

14. Maiden name Christine Roehling

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

16. (a) Informant George J. Berndsen

(b) Address 2018 Allen Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm C Mergel

(b) Address 1926 Allen Av.

19. (a) MAR 5 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MOTHER {  
FATHER {

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1946 hour 5.30 minute P M.

21. I hereby certify that I attended the deceased from Feb 11, 1946, to Mar 2, 1946;  
that I last saw her alive on Mar 2, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea myocardi Duration 6 mo

Due to.....

Due to.....

Other conditions Pulmonary edema 2 days  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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 J. F. Bredeek (M. D. or other) MD

Address 2000 N 93 Date signed 3/4/46

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Berj C. Duncan

.....  
Licensed Embalmer No. 2272

P.O. Address 1926 Allen

**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.**