

No. 2  
1-5-43  
5-17-39  
I X26571

FILED OCT 16 1946  
318

1003

State File No. ....

Registrar's No. 8581

Registration District No. 318 Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:  
3332 Liberty St., /  
(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 000

(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3332 Liberty St. 159  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mayme Bering

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Nicholas F. Bering

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

7. Birth date of deceased May 18, 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A. B. Sanguinette

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Nicholas Bering

(b) Address 3332 Liberty St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home,

(b) Address 6322 South Grand Blvd.

19. (a) OCT 6 1946 (Date received local registrar)

(b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th  
year 1946 hour 4 minute 25 p.m.

21. I hereby certify that I attended the deceased from June 25th, 1946, to Oct. 4, 1946  
that I last saw her alive on October 2, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis

Due to Carcinoma Colon Primary Site

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&E

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) \_\_\_\_\_

(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? \_\_\_\_\_

23. Signature H. Schrepel (M. D. or other) M.D.  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury) \_\_\_\_\_  
Address The Theatre Bldg. Date signed 10/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
33753

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**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 *J. Wm Bentley*  
.....  
Licensed Embalmer No. *3653*  
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.**