

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **38391**  
Registrar's No. **9893**

FILED DEC 2 1946  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(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. 4963 Fountaine  
(If rural, give location)

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

3. (a) PRINT FULL NAME EDWARD BERSCHE

3. (b) If veteran, name war no

3. (c) Social Security No. 491-18-8133

4. Sex Male 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 alive \_\_\_\_\_ years

7. Birth date of deceased 10 3 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 1 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Maintenance man

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

MOTHER FATHER

12. Name Louis Bersche

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

14. Maiden name Louise Acker

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

16. (a) Informant Harry C. Bersche

(b) Address 7045 Camden Court

17. (a) Cremation (b) Date thereof 11 19 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bros. L. & U. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) NOV 20 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month N ov. day 18  
year 1946 hour 3:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11/17  
1946 to 11/18 1946

that I last saw h im alive on 11/18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Generalized peritonitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1/24  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy cirrhosis of liver and  
mesenteric adenitis

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. F. General (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 11/18/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson Ave

**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.**