No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10546

Registrar's No. 2250

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mattese
(If outside city or town limits, write "RURAL")

(d) Street No. Eime Drive
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE BERBERICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February (Month) 5 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
44	0	28	hr. min.

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

10. Usual occupation Film Booker

11. Industry or business Fox Corporation

MOTHER FATHER

12. Name Frank Berberich

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

14. Maiden name Mathilda Stemmler

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

16. (a) Informant Catherine Berberich

(b) Address Eime Dr., Mattese, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-6-47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) Mar 5 1947 (Date received by registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 3 day year 1947 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 20 1946 to March 3 1947 that I last saw him alive on March 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Arteriosclerotic Kidney	
Due to Malignant Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed Mar 4 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Olivia E Fenelle

Licensed Embalmer No. 4148

P. O. Address Tenney 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.