S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18605

Registrar's No. 5557

1. PLACE OF DEATH:

(a) County MISSOURI

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

(c) Name of hospital or institution: ST. ANTHONY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 38 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ooo

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

(d) Street No. 3680 MONTANA 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK BERINGER

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 THERESA

6. (c) Age of ~~husband~~ or wife if alive 63 years

7. Birth date of deceased APRIL (Month) 2 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	1	hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business

FATHER
12. Name FRANK BERINGER
13. Birthplace HUNGARY (City, town, or county) T (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

16. (a) Informant THERESA BERINGER
(b) Address 3680 MONTANA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6 1947 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) JUN 5 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 10 1946, to June 3d 1947
that I last saw him alive on June 3d 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Rt. Sided Hemiplegia

Due to Malignant hypertension

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

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) None

(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 S. H. Mains RD (M. D. or other) RD

Address 3606 Gravois Date signed 6-3-47

(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 Hamer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grevis

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.