

S. No. 2  
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5-17-39  
P 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25509  
State File No. \_\_\_\_\_  
Registrar's No. 9603

FILED OCT 24 1947  
318

1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
3416 Indiana Avenue /  
(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 / 7  
(d) Street No. 3416 Indiana Avenue / 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eva Berlinger  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 15th  
year 1947 hour 10 minute 00 A. M.  
21. I hereby certify that I attended the deceased from Nov. 27  
to Oct. 15 1947  
that I last saw her alive on Oct. 14 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Balthasar  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 12th, 1875  
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis  
Due to arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
72 8 3 hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Home

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

12. Name Alois Dober

13. Birthplace Switzerland  
(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 Fred A. Berlinger

(b) Address 3414 Indiana, St. Louis, Mo.

17. (a) Burial (b) Date thereof 10/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wacker-Heldrich & Co.  
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) OCT 16 1947 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_

23. Signature Joseph E. Casey (M. D. or other) MD  
Address 906 Olive St Date signed 10-16-47

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

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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 Robert Crowley

Licensed Embalmer No. 2128

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.**