

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 1114

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199
 d. STREET ADDRESS (If rural, give location) 3840 Olive St. 0

3. NAME OF DECEASED
 a. (First) EDWARD b. (Middle) A. c. (Last) Berliner
 4. DATE OF DEATH (Month) (Day) (Year) FEB. 3. 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH February 24 1877 9. AGE (In years last birthday) 74 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adv. Solicitor 11. BIRTHPLACE (State or foreign country) New York, New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adv. Solicitor 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) New York, New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mary C. Berliner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes Span-Amer War 16. SOCIAL SECURITY NO. 498-10-6205 17. INFORMANT'S SIGNATURE OR NAME Joseph H. Witting ADDRESS 509 N. Newstead

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Emile atrophy of brain
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 374X

22. I hereby certify that I attended the deceased from 1-24-52, 19 , to 2-3-52, 19 , that I last saw the deceased alive on 2-3-52, 19 , and that death occurred at 10:00Am., from the causes and on the date stated above.

23a. SIGNATURE Andrew J. Hahn M.D. (Degree or title) 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/6/52 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. FEB 5 1952 REGISTRAR'S SIGNATURE Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO. ADDRESS 3710 N. Grand Bl.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Stanley G. Dixon

Licensed Embalmer No. _____

P. O. Address _____

4193
St. J.

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.