

STANDARD CERTIFICATE OF DEATH

State File No. 42186

FILED DEC 17 1954

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

11296

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				STREET ADDRESS (If rural, give location) 6744 Oakland Ave. 20490			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) D.		c. (Last) BERSCH	
4. DATE OF DEATH Dec. 10 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sep. 3, 1880		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life when first retired) Conductor on Pullman (Retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Bersch		13b. MOTHER'S MAIDEN NAME Adelheit Schulte		14. NAME OF HUSBAND OR WIFE Lotta M. Bersch	
15. WAS DECEASED MEMBER OF ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lotta M. Bersch 6744 Oakland Ave.			
18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, complete, femur, neck, Lt.				INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of death, such as heart failure, asphyxiation, etc. It means the disease or condition or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia, bronchial				3 days.	
		DUE TO (c)					
		OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 12-6-54		19b. MAJOR FINDINGS OF OPERATION Fracture, complete, neck of femur.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 000	
21d. TIME OF INJURY 12-2-54		(Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell at home. E9040	
22. I hereby certify that I attended the deceased from Dec. 3, 1954, to Dec. 10, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 2:15 A.M., from the causes and on the date stated above. 21							
23a. SIGNATURE (Degree or title) Lotta M. Bersch MA				23b. ADDRESS 16 Hampton Village Plaza, St.		23c. DATE SIGNED 12-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 13 1954		REGISTRAR'S SIGNATURE Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Richard W. Storm*.....

Licensed Embalmer No. *400*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.