

FILED JUL 15 1949

STANDARD CERTIFICATE OF DEATH

20769

State File No. ....

318

1003

5844

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mo. ST. LOUIS		c. LENGTH OF STAY (in this place) 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		d. STREET ADDRESS (If rural, give location) No 3225 N. Florissant			

3. NAME OF DECEASED (Type or Print) a. (First) <del>Frank</del> Frank M. b. (Middle) c. (Last) Berkemeier			4. DATE OF DEATH (Month) (Day) (Year) 7 5 49		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-15-1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Williams Crusher Co	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Martin Berkemeier		13b. MOTHER'S MAIDEN NAME Theresa Haders		14. NAME OF HUSBAND OR WIFE Elizabeth Sontag (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-3759 A		17. INFORMANT'S SIGNATURE OR NAME Edwin J. Koch, 3516 S. 14th	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 222	

22. I hereby certify that I attended the deceased from Jan. 20, 1949, to July 5, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Bernard J. Doherty		23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 7-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo			

DATE REC'D BY LOCAL REG. JUL 5 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Edwin Koch and Son - 3516 N. 14th	
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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.

Signed.....

*Ronald A. Yehke*

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

**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.