

JAN 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. **12007**
Registrar's No. **10848**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **5721 Walsh St.**

3. NAME OF DECEASED
a. (First) **WILLIAM** b. (Middle) _____ c. (Last) **BERKEL**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 17 1950**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **Oct. 25, 1875** **9. AGE** (In years last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Electrician (Retired 5 Yrs.)**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Smithon, Ill.** **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME **Lawrence Berkel** **13b. MOTHER'S MAIDEN NAME** **Margaret Buschel** **14. NAME OF HUSBAND OR WIFE** **Augusta Berkel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** _____
17. INFORMANT'S SIGNATURE OR NAME **Augusta Berkel** **ADDRESS** **5721 Walsh St.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lobar pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Parkinsonism**
II. OTHER SIGNIFICANT CONDITIONS
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 SUICIDE HOMICIDE (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 OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **350X**

22. I hereby certify that I attended the deceased from **10 Jan, 1949**, to **17 Dec, 1950**, that I last saw the deceased alive on **17 Dec, 1950**, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Chue Kenamore M.D.** (Degree or title) **23b. ADDRESS** **457 N. Kingshighway** **23c. DATE SIGNED** **19 Dec 50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Dec. 20, 1950** **24c. NAME OF CEMETERY OR CREMATORY** **SS Peter & Paul Cem.** **24d. LOCATION (City, town, or county) (State)** **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **DEC 19 1950** **REGISTRAR'S SIGNATURE** **J. B. Luster** **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

Handwritten initials or mark

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard H. Stoverand

Signed
Student Embalmer

Licensed Embalmer No. 4007

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 this body is not embalmed, fact should be so stated above.