

S. No. 300
V. ID. 48

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10854

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 8820

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
c. LENGTH OF STAY (in this place) 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur 4730
d. STREET ADDRESS (If rural, give location) Olive Street Road

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Berlo c. (Last) Aman

4. DATE OF DEATH (Month) (Day) (Year) 4-5-1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 10, 1861

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY XXXXXX

11. BIRTHPLACE (State or foreign country) Germany 7

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Berlo

13b. MOTHER'S MAIDEN NAME Gertrude Moeller

14. NAME OF HUSBAND OR WIFE Leo Aman Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert J. Aman 2219-Sims Av Overland, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left ventricular hypertrophy & dilatation
Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/9/51

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) 4:55

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1951, to 4-5, 1951, that I last saw the deceased alive on 4-5, 1951, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herman C. Ross M.D.

23b. ADDRESS 601 S. Brentwood Clayton

23c. DATE SIGNED 4-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-7-1951

24c. NAME OF CEMETERY OR CREMATORY St. Monica Cemetery

24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.

DATE REC'D BY LOCAL REG. 4/5/51

REGISTRAR'S SIGNATURE Herbert R. Tombs

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Baumann Bros. 2504 Woodson Rd. Overland-14-Mo.

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

4000

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 3457

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 14, 7

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.