

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18903

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2390

1. PLACE OF DEATH
a. COUNTY - St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (in this place) 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 7031 West Park

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 Richmond Heights 4485
d. STREET ADDRESS (If rural, give location) 7031 West Park Ave 0

3. NAME OF DECEASED
a. (First) Cornelia Rebecca Van Dike b. (Middle) c. (Last) Berghaus
4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 28, 1881 9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Taylorville, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Edward L. Van Dike 13b. MOTHER'S MAIDEN NAME Rebecca McCurdy 14. NAME OF HUSBAND OR WIFE Oscar C. Berghaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-26-8000 17. INFORMANT'S SIGNATURE OR NAME Lelia Mag Smith ADDRESS 7031 West Park Ave

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystadenocarcinoma of ovary with metastasis
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.
INTERVAL BETWEEN ONSET AND DEATH 12-21-50?

19a. DATE OF OPERATION 1-2-51 19b. MAJOR FINDINGS OF OPERATION Cystadenocarcinoma filling entire pelvis 1754
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?

22. I hereby certify that I attended the deceased from 12-21-1950 to 6-8-1951, that I last saw the deceased alive on 5-18-1951, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. D. Mason M.D. 23b. ADDRESS 7158 Mandeville, St. Louis, Mo. 23c. DATE SIGNED 6-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-12-51 24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 6-9-51 REGISTRAR'S SIGNATURE Herbert R. ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME, INC. 73 W. LOCKWOOD AVE

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

005

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.

Signed.....
Student Embalmer

..... Student Embalmer No.....
Signed *Robert M. Murray*

Licensed Embalmer No. *2749*

P. O. Address *St. Louis, Mo.*

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.