

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 8 - 1951

BIRTH NO.

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 6076Registrar's No. 3828

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Wellston</u>		c. LENGTH OF STAY (In this place) <u>9 yrs - 29</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Wellston</u> <u>4291</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1803 Timberlake</u>				d. STREET ADDRESS (If rural, give location) <u>1803 Timberlake</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>E.</u> c. (Last) <u>Berger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1951</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 14, 1879</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wisconsin /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Suelflow</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Vollbrecht</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer D. Berger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer D. Berger - 1803 Timberlake</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix.</u>						<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extension of carcinoma into broad ligament, around lower ureters and into bladder.</u>						
	DUE TO (c) <u>Pyelonephritis with uremia.</u>						<u>3 months</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>1-11-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Abd.-perineal resection of rectum for rectal vaginal fistula. Carcinoma of Cervix</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-10-50</u> 19 <u>50</u> to <u>11-25-51</u> 19 <u>51</u> , that I last saw the deceased alive on <u>10-16-51</u> 19 <u>51</u> , and that death occurred at <u>11:50AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Tom Carson</u> M.D.				23b. ADDRESS <u>607 N. Grand, St. Louis 3, Mo.</u>		23c. DATE SIGNED <u>11-27-51</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24b. DATE <u>11/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-27-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Dombey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u>			

Dr. Edward Cannon (2-4)
University Club Bldg.

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
Student Embalmer

Signed Warren A. Carter

Licensed Embalmer No. 3534

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.