S. No. 300
v. 10.48

FILED MAR 19 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11288

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 217

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

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (In this place): 3 yrs 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Crest Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Co. Mo. 4870
d. STREET ADDRESS (If rural, give location): 9301 S. Broadway

**3. NAME OF DECEASED** (Type or Print): a. (First) Leopold b. (Middle) c. (Last) Berresheim

**4. DATE OF DEATH**: (Month) 1 (Day) 24 (Year) 52

**5. SEX**: Male

**6. COLOR OR RACE**: White

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

**8. DATE OF BIRTH**: 8/13/1858

**9. AGE** (In years last birthday): 93 — If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: unknown

**11. BIRTHPLACE** (State or foreign country): Missouri

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: George Berresheim

**13b. MOTHER'S MAIDEN NAME**: Not Known

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME**: Pine Crest Nursing Home, Ballwin MO — ADDRESS

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Myocarditis — 2 yrs

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**:

**19b. MAJOR FINDINGS OF OPERATION**: 422.2

**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) m.

**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* 10/6, 1950, *to* 1/24, 1952, *that I last saw the deceased alive on* 1/20, 1952, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: [illegible] (Degree or title) — **23b. ADDRESS**: Kirkwood Mo — **23c. DATE SIGNED**: 1/24/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**24b. DATE**: 1-26-52

**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Hope Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo

**DATE REC'D BY LOCAL REG.**: 1-28-52

**REGISTRAR'S SIGNATURE**: Herbert R. Donke MD

**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Wm. Schumacher 3013 Meramec

(Licensed Embalmer's Statement on Reverse Side)

St Louis Co Hosp.
Sat AM 8 To PM 5
In recovery Room after 12 00

MAY 13 19[illegible]

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.....
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

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.