

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29238

MAILED SEP 3 - 1952

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7760**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis 4040</b>	
b. CITY OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moline</b>	
c. LENGTH OF STAY (in this place) <b>4 Days</b>		d. STREET ADDRESS (If rural, give location) <b>10032 Knollcrest Court, 21,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ewen</b> b. (Middle) <b>J.</b> c. (Last) <b>Berkemeier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 14th, 1952</b>			
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 3rd, 1915</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchboard Installer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Martin Berkemeier</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Alma E. Berkemeier</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 2</b>		16. SOCIAL SECURITY NO. <b>488-03-7176</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alma E. Berkemeier, 10032 Knollcrest St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Brain Abscess</b>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)					
			DUE TO (c)					
Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION <b>8-12-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Brain Abscess</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>342X</b>			

22. I hereby certify that I attended the deceased from **8-10, 1952** to **8-13, 1952**, that I last saw the deceased alive on **8-13, 1952**, and that death occurred at **6:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. ...</b>		23b. ADDRESS <b>16 HAMPTON VILLAGE PLAZA</b>		23c. DATE SIGNED <b>8-14-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/16/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>AUG 15 1952</b>		REGISTRAR'S SIGNATURE <b>Cal Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No discrepancy

Before 1:30 P. M. Thursday

**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 *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

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.