

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32732**
8648

FILED OCT 1 1952

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3422 UTAH | | d. STREET ADDRESS (If rural, give location) 3422 UTAH | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EMIL b. (Middle) BERAN SR. c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13 1952 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC. 25 1874 | 9. AGE (In years last birthday) 77 | 10. UNDER 1 YEAR Months | 11. UNDER 12 Hrs. Hours | 12. UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) BOHEMIA | 12. CITIZEN OF WHAT COUNTRY? 8 |
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| 13a. FATHER'S NAME FRANK BERAN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE |
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| 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. NONE | 17. INFORMANT'S SIGNATURE AND ADDRESS EMIL BERAN JR 3422 UTAH |
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| 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) <i>Myocardial Infarction</i> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Leading to Congestive Heart Failure</i> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 443x |
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22. I hereby certify that I attended the deceased from June, 1951, to 13 Sept, 1952, that I last saw the deceased alive on 12 Sept, 1952, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>W. A. Muller, M.D.</i> | 23b. ADDRESS 3804 W. Livingston | 23c. DATE SIGNED 9-15-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE SEPT 17 1952 | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO |
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| DATE REC'D BY LOCAL REG. SEP 15 1952 | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Thomas Kutis 2906 Gravois</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *James E. Hill*

Licensed Embalmer No. *43474*

P. O. Address *2906 Harris*

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.