

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36610

State File No. _____

BIRTH NO. 21 1952REG. DIST. NO. 318PRIMARY REG. DIST. NO. 1003Registrar's No. 9094

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or town)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		205 1/2			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		5 6668 Waterman					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>J.</u> c. (Last) <u>LORIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1952</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 16, 1926</u>	9. AGE (In years, months, days)	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
<u>Engineer</u>		<u>None</u>		<u>Germany</u>		<u>USA</u>			
13a. FATHER'S NAME <u>Samuel Louis</u>		13b. MOTHER'S MAIDEN NAME <u>Beatrix Hermann</u>		13c. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
<u>Yes</u> <u>W.W. # 2</u>		<u>unk</u>		<u>Mrs. Selma Lory 6700 Waterman</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>Lymphosarcoma</u>				<u>9 months</u>	
ANTECEDENT CAUSES				DUE TO (b)					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
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				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
				<u>2001</u>					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>52</u> , to <u>7-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>52</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED					
<u>Edmund J. Berger MD</u>		<u>MO</u>		<u>457 N Ringelshausen</u>		<u>10-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Removal</u>		<u>10/2/52</u>		<u>Grave Shalom</u>		<u>Univert City MO</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<u>OCT 1 1952</u>		<u>Carl Smith MD</u>		<u>Berger Edmund 4115 Theburn</u>					

(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

Quis A. Judwig

Licensed Embalmer No. *4229*

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.