

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39973**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10953**

FILED DEC 12 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10953</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis 2229</b>		d. STREET ADDRESS (If rural, give location) <b>929 MORRISON</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				d. STREET ADDRESS <b>22 929 MORRISON</b>					
3. NAME OF DECEASED a. (First) <b>ANNA</b> (Type or Print)			b. (Middle) _____		c. (Last) <b>BERRIGAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 27, 1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>Nov. 27-1869</b>		9. AGE (In years last birthday) <b>83</b> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN BUCHMUELLER</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA WEINGARTNER</b>			14. NAME OF HUSBAND OR WIFE, ADDRESS <b>JAMES BERRIGAN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ELMER BUCHMUELLER 408 SIDNEY</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poor, pure auricular fibrillation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (b) _____ DUE TO (c) <b>Arteriosclerotic Ht. Disease</b>						INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary Congestion</b>		19a. DATE OF OPERATION _____						19b. MAJOR FINDINGS OF OPERATION _____	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>					
22. I hereby certify that I attended the deceased from <b>11-22-52, 19</b> , to <b>11-27-52, 19</b> , that I last saw the deceased alive on <b>11-27-52, 19</b> , and that death occurred at <b>3:00P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Walter E. Stock MD</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>				23c. DATE SIGNED <b>11-29-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>NOV 28 1952</b>		REGISTRAR'S SIGNATURE <b>Walter E. Stock MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter E. Stock MD 1515 Lafayette Ave</b>					

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 *John B. Bluff*

Licensed Embalmer No. 77777

P. O. Address 1234 Main St.

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.