

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43188

State File No.

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 259

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	c. LENGTH OF STAY (In this place) <u>40 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Paul</u> <u>0924</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>A.</u> c. (Last) <u>Berkmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Sept. 16 1967</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>-----</u> Days <u>-----</u>	11. UNDER 4 wks. Hours <u>-----</u> Mins. <u>-----</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Mo.</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Henry Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Annet Mueller</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Berkmann deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Boehmer</u> ADDRESS <u>St. Paul Mo.</u>
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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) <u>Gastric Neurotoxic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Varicose Veins - stomach</u> DUE TO (c) <u>Chl. Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized cardiovascular arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 13, 1952, to Dec 18, 1952, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George R. Lisacki - M.D.</u> (Degree or title)	23b. ADDRESS <u>O'Fallon, Mo.</u>	23c. DATE SIGNED <u>12-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/22/52</u>	24c. NAME OF CEMETERY OR CREMATOR <u>St. Paul CEME.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Paul Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-52</u>	REGISTRAR'S SIGNATURE <u>Francis Hamelton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Keethy</u> ADDRESS <u>O'Fallon Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address..... O'Fallon 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.