

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2859
0939

FILED FEB 11 1953

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1003

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>2129</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home 4500 Washington Blvd		d. STREET ADDRESS (If rural, give location) 12 4500 Washington Blvd	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Berriman			4. DATE OF DEATH (Month) (Day) (Year) January 25 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 1 1867	9. AGE (In years last birthday) 85	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) England <i>4</i>	

13a. FATHER'S NAME Harry Berriman		13b. MOTHER'S MAIDEN NAME Elizabeth Edwards		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Richard M. Hitchens 569 Olive Ct Webster Groves MO	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac-Vascular Disease DUE TO (c)		INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x	

22. I hereby certify that I attended the deceased from **7/22, 1952** to **1/25, 1953**, that I last saw the deceased alive on **1/25, 1953**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. Bergman (Degree or Title)		23b. ADDRESS 3820 Washington		23c. DATE SIGNED 1/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE January 27 1953		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Eutz		ADDRESS 4828 Nat Bridge Blvd	
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

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

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Beaumont Blvd
3720 Washington Blvd
2 to 3 P.M.

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.