

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11235

State File No.

3071

FILED APR 4 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3071

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1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri
c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Enroute City Hospital
e. STREET ADDRESS (If rural, give location) 5315 Ridge Avenue., 2069

3. NAME OF DECEASED
a. (First) David b. (Middle) G. c. (Last) Berger
4. DATE OF DEATH (Month) (Day) (Year) March 20 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH June 25, 1925 9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician 10b. KIND OF BUSINESS OR INDUSTRY Medicine 11. BIRTHPLACE (City and State or Foreign Country) Dubuque, Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David I. Berger 13b. MOTHER'S MAIDEN NAME Irena Zother 14. NAME OF HUSBAND OR WIFE Nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS David I. Berger, Dubuque, Iowa

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Pentothal and Curare, self administered
DUE TO (b) in his home Mar 20 1953
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Suicide while suffering from temporary mental aberration

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Aberration 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 20 58 ? m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? E9708

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred 1000 NOEM., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. DeLuna (Print name or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 3/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-21-53 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Dubuque, Iowa.

DATE REC'D BY LOCAL REG. MAR 21 1953 REGISTRAR'S SIGNATURE J. Cash Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1917

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
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *37491*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.