

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12599

State File No.

FILED MAR 20 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 757

4002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural House Springs 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis Co. Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 4000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helene</u> b. (Middle) <u>Ann</u> c. (Last) <u>Berger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/6/53</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>Married</u>	8. DATE OF BIRTH <u>3/10/1912</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Waltermeyer Helmholtz</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Manshardt</u>	14. NAME OF HUSBAND OR WIFE <u>Gilbert Berger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Dont Know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Berger</u> ADDRESS <u>House Springs, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures and loss of blood, suffered when the automobile</u>		
	ANTECEDENT CAUSES <u>due to (b) she was operating west on Gravois Rd. collided with an automobile being</u> <u>due to (c) operated east at the intersection</u> of Musick Rd. Deceased was later run over by an unidentified east-bound motorist who did not stop.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>bound motorist who did not stop.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>26</u> (STATE) <u>St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/6/53 6:25 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>
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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 at 5:30 p. m., from the causes and on the date stated above.

22a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>3/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>3/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-9-1953</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u> ADDRESS <u>1125 Hodiamont Ave.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines* _____

Licensed Embalmer No. *4608* _____

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.