No. 300
10.46

920

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20063

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES RURAL
c. LENGTH OF STAY (In this place): 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EVANGELICAL EMMAUS HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. PAUL 920
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): MAMIE
b. (Middle): —
c. (Last): HOECKER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 8 - 1871
9. AGE (In years last birthday): 87 — If under 1 year: Months 6, Days 20; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: HENRY BERKMANN
13b. MOTHER'S MAIDEN NAME: NOT KNOWN
14. NAME OF HUSBAND ~~OR WIFE~~: FRED HOECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: VICTOR BERKMANN
ADDRESS: ST. LOUIS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen Art. Sclerosis — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1st *19*54*, to* June 29 *19*54*, that I last saw the deceased alive on* June 26 *19*54 *and that death occurred at* 5.45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A P Erich Schulz MD
23b. ADDRESS: St Charles Mo.
23c. DATE SIGNED: July 1/54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE: 7-2-54
24c. NAME OF CEMETERY OR CREMATORY: St. Paul
24d. LOCATION (City, town, or county) (State): St. Paul Mo.

DATE REC'D BY LOCAL REG.: July 2 1954
REGISTRAR'S SIGNATURE: Frannie Henderson
25. FUNERAL DIRECTOR'S SIGNATURE: E A Keithly
ADDRESS: O'Fallon Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E A Keithly

Licensed Embalmer No. 822

P. O. Address Otallon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.