

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6671

State File No.

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 304

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY ST. LOUIS	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON	a. STATE MISSOURI	b. COUNTY ST. LOUIS
c. LENGTH OF STAY (In this place) 20yrs		c. CITY OR TOWN CLAYTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6320 ALEXANDER DRIVE		e. STREET ADDRESS (If rural, give location) 6320 ALEXANDER DRIVE	

3. NAME OF DECEASED (Type or Print)	a. (First) NANCY	b. (Middle) BERRY	c. (Last) D'OENCH.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23, 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; house wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Green Clay Berry.	13b. MOTHER'S MAIDEN NAME Virginia Parsons.	14. NAME OF HUSBAND OR WIFE William D'Oench.
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Pagenstecher;	ADDRESS 6320 Alexander Drive,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio Sclerosis general		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) 4500
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 3-27, 1952, to 2-4, 1955, that I last saw the deceased alive on 2-3, 1955, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur B. Day M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 3720 Washington Ave	23c. DATE SIGNED 2-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 2/5/1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.
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DATE REC'D BY LOCAL REG. 2-4-55	REGISTRAR'S SIGNATURE <i>Herbert R. Donke MD.</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. LUPTON & SONS;	ADDRESS 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.