

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30587

State File No. _____

1003

7719

BIRTH NO. _____ REG. DIST. NO. 318 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 Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 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

d. FULL NAME OF HOSPITAL OR INSTITUTION 5639 Southwest Ave. STREET ADDRESS (If rural, give location) 13 5639 Southwest Ave. 2139

3. NAME OF DECEASED (Type or Print) a. (First) ARMIN b. (Middle) CHARLES c. (Last) BERNEKING 4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Oct. 12, 1906 9. AGE (In years last birthday) 48 10. IF UNDER 1 YEAR 10 Months 20 Days IF UNDER 24 HRS. 20 Hours _____ Mins.

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

13a. FATHER'S NAME Charles Berneking 13b. MOTHER'S MAIDEN NAME Minnie Buettner 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #2 16. SOCIAL SECURITY NO. W.W. #2 17. INFORMANT'S SIGNATURE OR NAME Paul Heyl-325 W. Liberty, Columbia, Ill ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Pancreas MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 36 hours
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Carcinoma of Lungs 6 mos.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) metastases to almost entire body - vertebrae 2 mos.
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 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) _____ 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 8-16 1955, to 9-2, 1955, that I last saw the deceased alive on 9-1, 1955, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Heyl M.D. 23b. ADDRESS 325 W. Liberty, Columbia, Mo. 23c. DATE SIGNED 9/2/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor) 24b. DATE 9/5/55 24c. NAME OF CEMETERY OR CREMATORY St. Johns Evangelical 24d. LOCATION (City, town, or county) (State) Fults, Illinois.

DATE REC'D BY LOCAL REG. SEP 2 1955 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshausner ADDRESS 4228 S. Kingshighway Bl.

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.....
Licensed Embalmer No. 453

P. O. Address

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.