

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

State File No. **38012**
10330
Registrar's No.

FILED DEC 2 1955

318 ——— **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 15 4433 Osceola	
3. NAME OF DECEASED (Type or Print) EULA a. (First) _____ b. (Middle) D. c. (Last) BERGER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1916
9. AGE (In years last birthday) 39 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Anthony Mills, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker-Johnson Shoe Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Neff		13b. MOTHER'S MAIDEN NAME Clara Mercer	
14. NAME OF HUSBAND OR WIFE Thaddeus Berger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. 493-01-1196		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thaddeus Berger 4433 Osceola	

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) <i>Intestinal obstruction due to adhesion</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> ANTECEDENT CAUSES <i>band across Terminal Ileum</i> *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 <i>None</i>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21. HOW DID INJURY OCCUR? 570-5
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <i>11-20</i> ¹⁹⁵⁵ , to <i>11-25</i> , 1955, that I last saw the deceased alive on <i>11-25-55</i> , 1955, and that death occurred at <i>3:00P</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Samuel T. Krom</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>4755 Morganford Road St. Louis 16, Mo.</i>	23c. DATE SIGNED <i>11/26/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. NOV 28 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Storrs*.....

Licensed Embalmer No.....

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.