

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17559

FILED JUN 11 1956

State File No.

318

1008

Registrar's No. 4303

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN <i>4571 Brentwood /</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 8671 Rosalie	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lillian</i> b. (Middle) <i>MARIE</i> c. (Last) <i>Berg</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 30, 1956</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>5-5-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sect-Bookkeeper</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St Louis, Missouri</i>	
13a. FATHER'S NAME <i>Earl Lewis</i>		14. NAME OF HUSBAND OR WIFE <i>Divorced</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>490 20 4184</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hepatic Failure</i> ANTECEDENT CAUSES DUE TO (b) <i>Hepatitis (viral)</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>583x</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>April 20, 1956</i> , to <i>April 30, 1956</i> , that I last saw the deceased alive on <i>April 30, 1956</i> , and that death occurred at <i>9:05P m.</i> , from the causes and on the date stated above.		23. ADDRESS <i>BARNES HOSPITAL</i>	
23a. SIGNATURE <i>FR Bradley</i> M. D.		23c. DATE SIGNED <i>5/1/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-3-1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Co. Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAY 1 1956</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hoffmeister Colonial Mortuary</i> ADDRESS <i>6167 Chippewa Street St Louis, Mo</i>	

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

(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.....
Signature of Student Embalmer

Signed *Linus E. Hoffner*.....

Licensed Embalmer No. *3877*

P. O. Address *7814 S. 13*

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.