

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. **22178**  
Registrar's No. **5725**

FILED JUN 25 1956

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>22178</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>49</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>24 1929 WYOMING ST</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTIN</b> b. (Middle) <b>MARINUS</b> c. (Last) <b>VAN BERKEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 14 1956</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Nov. 25 1880</b>		
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED NITE WATCHMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MURCH-JARVIS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOLLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>ALOYSIUS VAN BERKEL</b>			13b. MOTHER'S MAIDEN NAME <b>JOHANNA M. SKIPPER</b>		14. NAME OF HUSBAND OR WIFE <b>HELENA VAN BERKEL (DEC'D)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>DORA PHELAN</b> ADDRESS <b>1720 S. 12th ST</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia - staphylococcus</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cellulitis right hand</b>					<b>8 days</b>	
		DUE TO (c) _____						
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus 0531 years</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>6923</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>5-20</b> , 19 <b>53</b> , to <b>June 14</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>June 13</b> , 19 <b>56</b> , and that death occurred at <b>1:50 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>R. Nachmeyer</b>			(Degree or title) <b>M.D.</b>			23b. ADDRESS <b>4065 South Grand</b>		
23c. DATE SIGNED <b>6-15-56</b>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 16 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>JUN 25 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b> ADDRESS <b>2906 Grand</b>				

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 *Samuel C. Dille*

Licensed Embalmer No. *4347g*

P. O. Address *2906 D...*

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.