

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

JAN 29 1957

2551

STATE FILE NUMBER **404**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS, MO. Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Clair Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAKNES HOSPITAL Length of stay in 1b 31 d. STREET ADDRESS 425 North Main St., (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EDWIN Middle WILLIAM Last BERKEL		4. DATE OF DEATH Month JAN Day 11 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1897
9. AGE (In years last birthday) 59		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) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Fred Berkel		14. MOTHER'S MAIDEN NAME Emma Stecking	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No Nil		16. SOCIAL SECURITY NO. 498-22-0418	17. INFORMANT Alvina Berkel, St. Clair, Missouri Address _____
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal Failure DUE TO (b) Transurethral Resection of prostate DUE TO (c) Benign Prostatic Hypertrophy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1a) 610x			INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from JAN. 3, 1957 to JAN. 12, 1957 and last saw her him alive on JAN. 12, 1957 Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. P. Vermillion, M.D. (Degree or title)		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-14-57	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd., ADDRESS _____		25. DATE RECD. BY LOCAL REG. JAN 14 '57	26. REGISTRAR'S SIGNATURE Earl Smith MO

APR 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Elmo R. Padua

Licensed Embalmer No. 46

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.