

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>433</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Raytown</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY OR TOWN <u>OVERLAND 4267</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>2203 ABLER</u>					
3. NAME OF DECEASED (Type or Print) <u>Christine Berend</u>			b. (First)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2 15 57</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-3-1863</u>		9. AGE (in years last birthday) <u>94</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HERMAN, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christ Kothhoff</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Summerfield</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARTHA BEREND</u>			ADDRESS <u>St. Louis</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction due to Arteriosclerotic Plaque</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric Fracture Left Femur</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>UNKNOWN</u> <u>UNKNOWN</u> <u>18 days</u>	
19a. DATE OF OPERATION <u>1-30-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture left Femur. Nailed</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>4201 F</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-28, 1957</u> , to <u>2-15, 1957</u> , that I last saw the deceased alive on <u>2-15, 1957</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title)				23b. ADDRESS <u>601 So. Brentwood</u>			23c. DATE SIGNED <u>2-15-57</u>		
24a. BURIAL OR CREMATION REMOVED (Specify)		24b. DATE <u>2-18-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-15-57</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donahue</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Union Funeral Home, Union</u> ADDRESS				

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 *Harlan Johanson*.....  
Licensed Embalmer No. *448*

P. O. Address *Umas,*.....

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.