

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7013

State File No. ....

FILED FEB 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 216

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn H/51</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6208 Grayling Dr.</u>		d. STREET ADDRESS (If rural, give location) <u>6208 Grayling Dr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Berdollt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coppersmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Berdollt</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Hausladen</u>	14. NAME OF HUSBAND OR WIFE <u>Henrietta Hardman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-10-3679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henrietta Berdollt</u>	ADDRESS <u>6208 Grayling Dr.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	ANTECEDENT CAUSES 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 <u>11-10-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy only - Carcinoma 163x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 10, 1956, to Jan 23, 1957, that I last saw the deceased alive on Jan 22, 1957, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Z. Shaner MD</u>	(Degree or title)	23b. ADDRESS <u>3720 Washington Blvd</u>	23c. DATE SIGNED <u>1-24-57</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-24-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Nombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bullinane Bros.</u>	ADDRESS <u>3320 N. Kingshighway</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.