

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

STATE FILE NUMBER 1003 1385

Registration District No. 318 Primary Registration District No. Registrar's No.

Health, Welfare & Public Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56 3

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Yes X No
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Enroute City Hospital DOA 2/7/57
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis, Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No X 1704a Tower Grove Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Berresheim
4. DATE OF DEATH Month Day Year Feb. 9, 1957
5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 12, 1887 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter 10b. KIND OF BUSINESS OR INDUSTRY Grocery & Meats 11. BIRTHPLACE (City and state or country) Jefferson County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leopold Berresheim 14. MOTHER'S MAIDEN NAME Caroline Lorenz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil. 16. SOCIAL SECURITY NO. 489-07-3102 17. INFORMANT Address Melvin Berresheim, 2241 Edwards
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 3314
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 _____ to _____ and last saw her/him alive on _____. Death occurred at 845A _____ on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-12-57 23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, 25. DATE RECD. BY LOCAL REG. FEB 11 '57 26. REGISTRAR'S SIGNATURE

m 831

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.....
Licensed Embalmer No.....

P. O. Address.....

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.

No Embalmed
Lawrence G. [unclear]