

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

State File No. 25943

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6518

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5139 Daggett Ave. e. STREET ADDRESS (If rural, give location) 5139 Daggett Ave.

3. NAME OF DECEASED a. (First) Caroline b. (Middle) c. (Last) Berra 4. DATE OF DEATH (Month) (Day) (Year) July 12, 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Jan. 12, 1879 9. AGE (in years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Italy 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Gualdoni 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE John Berra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Berra, 5139 Daggett Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculor Accident

INTERVAL BETWEEN ONSET AND DEATH 5 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vasculor Disease

DUE TO (c) Generalized arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443X 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1957, to 7-12, 1957, that I last saw the deceased alive on 7-11, 1957, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles Montani M.D. (Degree or title) 23b. ADDRESS 5147 Daggett Ave. 23c. DATE SIGNED 7-12-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-15-57 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE RECD BY LOCAL REG. JUL 12 1957 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calcaterra Funeral Home, 5110 Daggett Ave.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *John J. Gaines*.....
Licensed Embalmer No. *410*.....

P. O. Address *J. Gaines*.....

**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.**