

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38682**

FILED OCT 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2291

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Manchester Mo.</b> )		c. CITY OR TOWN <b>Manchester, Mo</b>	
c. LENGTH OF STAY (In this place) <b>23 yrs</b>		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 <b>Manchester Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>Manchester Nursing Home</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) _____ c. (Last) <b>Berkemeyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 15 57</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>2/18/1881</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Louis Berkemeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Landgraf</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Adelle Berkemeyer</b> ADDRESS <b>St. Louis, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHO-PNEUMONIA - ACUTE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARDIO-VASCULAR RENAL DISEASE</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>EPILEPSY</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5d</b>
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19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>442x</b>		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) m.		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 May 1, 1957, to SEPT. 15, 1957, that I last saw the deceased alive on SEPT 15, 1957, and that death occurred at 11:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.R. Loring MD</b> (Degree or title)		23b. ADDRESS <b>BALLWIN, MO.</b>		23c. DATE SIGNED <b>9-16-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/18/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	
24d. LOCATION (City, town, or county) (State) <b>Belleville Ill.</b>					

DATE REC'D BY LOCAL REG. <b>9-16-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donald</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard A. Carroll</b> ADDRESS <b>227 N. 1st St. St. Louis, Mo</b>	
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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 not embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard J. Howell  
Licensed Embalmer No. 8703  
P. O. Address 2216 Study East 11 Ave

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.