

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40883

STATE FILE NUMBER

FILED NOV 27 1957

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 69

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HILLSBORO Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CEDAR GROVE NURSING Home (N.Y.)</b>			Length of stay in 1b		d. STREET ADDRESS <b>1706 - SIDNEY</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>LOUIS BEREZA</b>				4. DATE OF DEATH Month Day Year <b>Nov. 18 1957</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JAN. 2 1895</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BUSCH BREWERY</b>		11. BIRTHPLACE (City and state or country) <b>AUSTRIA HUNGARY</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
13a. FATHER'S NAME <b>STEPHAN BEREZA</b>				13b. MOTHER'S MAIDEN NAME <b>ANNA TERNOVSKA</b>				14. NAME OF HUSBAND OR WIFE <b>FRANCES BEREZA</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-03-2881</b>		17. INFORMANT Address <b>FRANCES BEREZA 1706 - SIDNEY</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b>										INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)										
20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <b>AUG 1956</b> to <b>NOV 18 1957</b> and last saw him alive on <b>NOV 15, 1957</b> Death occurred at <b>2:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>John W. Daska M.D.</b>						22b. ADDRESS <b>3606 Arroyo St. Louis Mo</b>				22c. DATE SIGNED <b>11-19-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>			23b. DATE <b>Nov. 21 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>S. S. PETER &amp; PAUL, CEM</b>			23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>					
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kuter 2906 Garrison</b>					25. DATE RECD. BY LOCAL REG. <b>11-20-57</b>		26. SIGNATURE <b>Oliver L. ...</b>						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 2

NOV 25 1957

1957

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 *Leo J. Budde* .....

Licensed Embalmer No. *39896* .....

P. O. Address *St. Louis* .....

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.