

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027626  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1938

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Maryland Heights 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. Co. Hosp.		d. STREET ADDRESS (If outside, give location) 424 Dorsett Road	

3. NAME OF DECEASED (Type or print) First Middle Last Frederick Louis Berra			4. DATE OF DEATH Month Day Year July 22, 1958		
--	--	--	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1938	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	--------------------------------	------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Clayton, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME Joseph Berra	13b. MOTHER'S MAIDEN NAME Dorothy Boettger	14. NAME OF HUSBAND OR WIFE - - - - - None
---------------------------------	--	--

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. 487-40-6802	17. INFORMANT Address Joseph Berra, 424 Dorsett Road
--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar skull fracture, dislocation of cervical vertebra and severance or damage to cervical cord		INTERVAL BETWEEN ONSET AND DEATH
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Operator of motor scooter which collided with
--	--

20c. TIME OF INJURY Hour Month, Day, Year 4:00 p.m. 7/22/58	train
--	-------

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway & R.R. Tracks	20f. CITY, TOWN, OR LOCATION COUNTY STATE Maryland Heights St. Louis Mo.
--	---

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clayton D. Harris, Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 7/25/58
---	---------------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-26-1958	23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	23d. LOCATION (City, town, or county) (State) Pattonville, Missouri
--	---------------------	---	---

24. FUNERAL DIRECTOR 2504 Woodson Rd. Baumann Bros. Inc. Overland, Mo.	25. DATE RECD. BY LOCAL REG. 7-23-58	26. REGISTRAR'S SIGNATURE Herbert R. Drake M.D.
--	--------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
1-57

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

*David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Overland*

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.