

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029016
STATE FILE NUMBER
3989

FILED SEP 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NO ^{On} hospital give location) HOSPITAL OR INSTITUTION ST. MARYS Hosp.		Length of stay in lb 55 years	
3. NAME OF DECEASED (Type or print) First MAX Middle G. Last Berlin		4. DATE OF DEATH Month Aug. Day 18. Year 1958	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1882
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road		10b. KIND OF BUSINESS OR INDUSTRY RAIL FREIGHT	11. BIRTHPLACE (City and state or country) Dresden, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANZ R. Berlin	
13b. MOTHER'S MAIDEN NAME Augusta Von Stalsenberg		14. NAME OF HUSBAND OR WIFE MAE Berlin	
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. 702-14-5221	17. INFORMANT Address MRS. MAE Berlin 2706 Quincy
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) carcinoma of the pancreas			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ Month, Day, Year _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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 July 1, 1958 to July 24, 1958 and last saw ^{her} him alive on July 24, 1958 Death occurred at DOA St. Marys 5:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. E. Castles (Degree or title) M.D.		22b. ADDRESS 1002 Argyle Bldg., K. C., Mo.	
22c. DATE SIGNED 8/19/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE Aug. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH Cemetery	
23d. LOCATION (City, town, or county) KANSAS City, Missouri		(State)	
24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 TROOST		25. DATE RECD. BY LOCAL REG. 8-19-58	
26. REGISTRAR'S SIGNATURE Irva Minshall			

J. E. Castles

27

Dr. Parker
d. no. Pac. Assn.
10th fl. Argyle Bldg.

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 *R. L. M... ..*

Licensed Embalmer No. 4997

P. O. Address K. C. M...

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.