

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041141

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 282

300
-57

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Charles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN New Melle 0928 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Street Nursing Home | | Length of stay in 1b 3 years | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) Margaretha Berkemeier | | | 4. DATE OF DEATH Month Day Year Dec. 6 1958 | | |
|--|--|--|---|--|--|

| | | | | | | |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 25, 1862 | 9. AGE (In years from birthday) 96 | 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) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) New Melle, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|---|--|--|

| | | |
|---------------------------------|--------------------------------------|-----------------------------|
| 13a. FATHER'S NAME Mollering | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------|--------------------------------------|-----------------------------|

| | | | |
|---|---------------------------------|----------------------------------|--------------------------------------|
| 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 Mrs. Aug. Blase | Address 103 Jackson St. Charles, Mo. |
|---|---------------------------------|----------------------------------|--------------------------------------|

| | | | |
|--|-------------------------------------|---|----------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arterio-sclerosis</u> | | <u>Unknown</u> |
| | 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 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.) 4260 |
|---|--|

| | | | | | |
|--|---|---|---------------------------------------|--------------|-------------|
| 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 checked="" 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 <u>June 1958</u> to <u>Dec. 6, 1958</u> and last saw her alive on <u>Dec. 6, 1958</u> Death occurred at <u>6:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|--|--|---|
| 22a. SIGNATURE (Degree or title) <u>Dr. J. Rudolph M.D.</u> | 22b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u> | 22c. DATE SIGNED <u>Dec. 8, 1958</u> |
|--|--|---|

| | | | |
|---|---------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 9, 1958 | 23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery | 23d. LOCATION (City, town, or county) (State) New Melle, Missouri |
|---|---------------------------|--|--|

| | | | |
|--|-----------------------------------|--|---|
| 24. FUNERAL DIRECTOR <u>Morris Muschany</u> | ADDRESS <u>Wentzville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec. 8-58</u> | 26. REGISTRAR'S SIGNATURE <u>Margaret Wilson</u> |
|--|-----------------------------------|--|---|

Licensed Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6
6

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

Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

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.