

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041284

STATE FILE NUMBER

11349

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FLORISSANT 4001
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 3 WKS.	d. STREET ADDRESS (If outside, give location) ST. STANISLAUS SEMINARY
3. NAME OF DECEASED (Type or print) First Middle Last AUGUSTINE P. BERENDT		4. DATE OF DEATH Month Day Year Nov. 23 1958	
5. SEX MALE	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 AUG. 2, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS BROTHER		10b. KIND OF BUSINESS OR INDUSTRY SOCIETY OF JESUS	11. BIRTHPLACE (City and state or country) GERMANY
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	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. NONE	17. INFORMANT REV. WILFRID CHARLEVILLE, SJ.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET OF DEATH 8 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Multiple pulm. abscesses		2 weeks	
DUE TO Pulm. art. thrombosis, Rt. Rt.		1 month!	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 465X		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 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 death occurred at Oct 19 1958 23 30 A. to Nov 58 and last saw him alive on 22 Nov 58			
22a. SIGNATURE (Degree or title) J. Paul Smith, M.D.		22b. ADDRESS Florissant, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	23d. LOCATION (City, town, or county) (State) FLORISSANT, Mo.
24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY,		ADDRESS FLORISSANT, MO.	25. DATE RECD. BY LOCAL REG. NOV 25 '58
		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

ANSI
10/10

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 *Gene A. Hutchins*

Licensed Embalmer No. *4966*
P. O. Address *FLORISSANT, Mo.*

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.