

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042494
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3031

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 (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4462
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 Aberdeen Pl.		Length of stay in 1b 15 yrs	d. STREET ADDRESS (If outside, give location) 109 Aberdeen Place Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARRIET McCoy BERKLEY			4. DATE OF DEATH Month Day Year Nov. 20 1958	
5. SEX female 1	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86	
11. BIRTHPLACE (City and state or country) Golconda, Illinois 1		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME F. W. McCoy		13b. MOTHER'S MAIDEN NAME Lucy A. Robinson		14. NAME OF HUSBAND OR WIFE Charles Miller Berkley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no NONE		16. SOCIAL SECURITY NO. no		
17. INFORMANT Address Georgia Lee Roberts, 109 Aberdeen Pl.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 minute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral vascular accident			5 minutes
	DUE TO (c) Atherosclerotic cerebro-vascular disease			15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			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 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 Brentwood, MO.	COUNTY Brentwood, MO.	STATE
21. I attended the deceased from 17 April 1958 to 20 Nov. 1958 and last seen alive on 27 September 1958 Death occurred at 2:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Emerson M.D.			22b. ADDRESS 695 BRENTWOOD BLVD. BRENTWOOD, MO.		22c. DATE SIGNED 20 Nov. 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11/22/1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Missouri	(State)	
24. FUNERAL DIRECTOR C.B. Lupton and Sons 7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. 11-20-58	26. REGISTRAR'S SIGNATURE Herbert O. Danke M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 4 1959

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 *Clarence H. Mc...*

Licensed Embalmer No. *4011*
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.