

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002731

FILED JAN 28 1959

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **398**

300

1-57

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165

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis
c. FULL NAME OF (If NOT in hospital, give location) 3219 Pestalozzi		Length of stay in 1b 16 years	d. STREET (If outside, give location) 3219 Pestalozzi Street

3. NAME OF DECEASED (Type or print) First STELLA Middle NATALIE Last BERRY			4. DATE OF DEATH Month Jan. Day 10 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 8 Days 22	IF UNDER 24 HRS. Hours 22 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Tarman	13b. MOTHER'S MAIDEN NAME Natalie (Unknown)	14. NAME OF HUSBAND OR WIFE Steven J. Berry
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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 Steven Berry - St. Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary fibrosis PULMONARY FIBROSIS		INTERVAL BETWEEN ONSET AND DEATH 19 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		525x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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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 _____
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21. I attended the deceased from **10/21/58** to **1/10/59** and last saw her/him alive on **1/9/59**
Death occurred at **9:00 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arnold Dankner, M.D.	22b. ADDRESS 110 S. Central Ave. (Clayton)	22c. DATE SIGNED 1/12/59
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23a. BURIAL, CREMATION, or other disposition (Specify) Buried	23b. DATE 1-14-59	23c. NAME OF CEMETERY OR CREMATORY Mount Carmel	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
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24. FUNERAL DIRECTOR St. Schuff	ADDRESS E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JAN 12 '59	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 Not Embalmed....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joseph J. Keesly.....

Licensed Embalmer No. 7541.....

P. O. Address Ft. Linn. 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.