

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014523

STATE FILE NUMBER

Health, Welfare, Public Service

300
-57

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY St. Charles b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Inside Limits Yes No

c. CITY OR TOWN Wentzville 0920 Inside Limits Yes No

d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Length of stay in 1b 6 days

e. STREET ADDRESS Highway # 40 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Edward Middle Berghaus Last Berghaus

4. DATE OF DEATH Month April Day 29 Year 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH Jan. 18, 1869 9. AGE (In years last birthday) 90 F 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) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Rail road Car Mfg. 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Berghaus 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Daisie Berghaus

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. 493-42-9259 17. INFORMANT Address Mrs. Ruth Trundle Wentzville, 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) Uraemia.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis of his one remaining kidney
DUE TO (c) 446X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH 2 wks

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 9 p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 4/23/59 to 4/29/59 and last saw her/him alive on 4/29/59
Death occurred at 9 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. L. Neubeiser M.D. (Degree or title) 22b. ADDRESS St. Charles, Mo. 22c. DATE SIGNED 5/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 3, 1959 23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery 23d. LOCATION (City, town, or county) (State) Wentzville, Missouri

24. FUNERAL DIRECTOR Marie Muschany ADDRESS Wentzville, Mo 25. DATE RECD. BY LOCAL REG. May 3-59 26. REGISTRAR'S SIGNATURE Macecece Wilson
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

MAY 18 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 *Howard O. Kesler*

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.