THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016034
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1149

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Louis Co Hosp. — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Mattese 4000 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4942 Lemay Ferry Rd — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lena — Middle: — Last: Berger

4. DATE OF DEATH: Month: April — Day: 26 — Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Aug-5-1891 **9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 21 — 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**: Home

11. BIRTHPLACE (City and state or country): St Louis Co Mo **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13. FATHER'S NAME: William Wohlschlaeger **14. MOTHER'S MAIDEN NAME**: Pauline Schroeter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.**: unk. **17. INFORMANT**: Mr Herman Berger — Address: 4942 Lemay Ferry Mehlville 29 Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Unknown Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7954

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 a. m. 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6:40A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C Murphy M.D. **22b. ADDRESS**: John C. Murphy MD Acting Health Commissioner 801 S. Brentwood Clayton, Mo. **22c. DATE SIGNED**

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Apr-29-1959 **23c. NAME OF CEMETERY OR CREMATORY**: New St Johns Cem **23d. LOCATION** (City, town, or county) (State): Mehlville Mo.

24. FUNERAL DIRECTOR ADDRESS: Fey Funeral Home, Mehlville Mo **25. DATE RECD. BY LOCAL REG.**: 4-28-59 **26. REGISTRAR'S SIGNATURE**: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris.....

Licensed Embalmer No 33

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.