

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019092

STATE FILE NUMBER

2 5106

FILED JUN 4 1959

Registration District No. Primary Registration District No.

Registration No.

300
-57
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS (If outside, give location) 4215 Swan Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last STELLA C. DeBERRY		4. DATE OF DEATH Month Day Year May 27 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 31, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress-Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Henry Preiss		13b. MOTHER'S MAIDEN NAME Sophia Musick	14. NAME OF HUSBAND OR WIFE Arven DeBerry
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. 493-20-5946	17. INFORMANT George Benson 5649 Marquette Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Decompensation</i> <i>Coronary Occlusion</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Diabetes Mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>2 mo.</i> <i>year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus 420.1</i>			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.) ITEM 16 CORRECTED BY AFFIDAVIT OF Funeral Director 6-11-59	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>July 1949</i> and last saw <i>her</i> alive on <i>26 May-59</i> . Death occurred at <i>4:20 A.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George H. Zellert M.D.</i>		22b. ADDRESS <i>4501 Manchester</i>	
22c. DATE SIGNED <i>27 May 1959</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 29, 1959	
23c. NAME OF CEMETERY OR CREMATORY Elm Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 27 59	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

S.P.

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 *William B. White*

Licensed Embalmer No. *4261*

P. O. Address *W. B. White*

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.