MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED TO AUG 24 1959

59-030145
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 9wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Josephs Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4616 Lindell Blvd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LILLIAN(LILLY) Middle BERKMEIER Last SINGER
4. DATE OF DEATH: Month Aug. Day 21, Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Nov24,1887
9. AGE (last birthday): 72yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Millinery Designer
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Berkemeier
13b. MOTHER'S MAIDEN NAME: Emily Windhorst
14. NAME OF HUSBAND OR WIFE: None
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.: yes 499-34-1707
17. INFORMANT: Mrs. Alice Berkemeier — Address: Brilliant 3621 Cote

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Renal Disease — ?
DUE TO (c): Hypertension — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hemiplegia from Cerebral Thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 July 10, 1959, to Aug 24, 1959 and last saw her/him alive Aug. 20, 1959
Death occurred at 1530 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 117 S. Main - St. Charles Mo
22c. DATE SIGNED: Aug 24, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 24, 1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR — ADDRESS: ALEXANDER & SONS 6175 Delmar
25. DATE RECD. BY LOCAL REG.: Aug 21-59
26. REGISTRAR'S SIGNATURE: Marella Wilson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis

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