URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-009305

FILED/VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 657 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in 1b 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy osteopathic Hosp.
Inside Limits Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print) First Maude Middle Last Berkameyer
4. DATE OF DEATH Month Feb. Day 25, Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-1878
9. AGE (last birthday) 81
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Medical record Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Respiratory Paralysis | Sec |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Cerebro Vascular Accident (Hemorrhage) | Min |
| DUE TO (c) | Generalized Arteriosclerosis | Yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Cardiac Failure - Azotemia

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 Feb 13, 1960 to Feb. 25, 1960 and last saw her alive on Feb. 25, 1960
Death occurred at 1:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William D McGowan M.D. (Degree or title)
22b. ADDRESS 7811 Carondelet Clayton 5, Mo
22c. DATE SIGNED 2/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 2-27-60
23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial
23d. LOCATION (City, town, or county) Pacific (State) Mo.

24. FUNERAL DIRECTOR Mrs. John L. Thielies
ADDRESS Pacific Mo.
25. DATE RECD. BY LOCAL REG. 2-27-60
26. REGISTRAR'S SIGNATURE John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph Altmann

Signature of Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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