

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028107

FILED VS AUG 4 1960

318

1003

7121

STATE FILE NUMBER

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		Length of stay in 1b	c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marian Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4405 Neosho		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle Last BERING			4. DATE OF DEATH Month July Day 14 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk		10b. KIND OF BUSINESS OR INDUSTRY Alligator Co	11. BIRTHPLACE (City and state or country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME John Bering		13b. MOTHER'S MAIDEN NAME Anna Schaus		14. NAME OF HUSBAND OR WIFE Elizabeth Bering	
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. 261-50-7336		17. INFORMANT Address Elizabeth Bering 4405 Neosho	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Bronchopneumonia DUE TO (b) Intestinal obstruction DUE TO (c) Acute pancreatitis 587.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days 5 days 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive vascular disease				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 7-8-60 to 7-14-60 and last saw him alive on 7-14-60 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE O Jones (Degree or title) MD			22b. ADDRESS 3616 S Bldwy, St Louis		22c. DATE SIGNED 7-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 16 1960	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		23d. LOCATION (City, town, or county) (State) St Louis Co Mo	
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois			25. DATE RECD. BY LOCAL REG. JUL 15 1960		26. REGISTRAR'S SIGNATURE Robert Smith, M.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1-330
Pri.

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 *James C. White*

Licensed Embalmer No. 4347

P. O. Address 2906 Ave

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