

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036486

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 251

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington, Mo.		Length of stay in lb 2 1/2 Months	c. CITY OR TOWN Berger, Mo.
c. FULL NAME OF (IF NOT in Hospital, give location) St. Francis Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Market Street
3. NAME OF DECEASED (Type or print) First EMMA Middle JOHANNA Last MEHRHOFF		4. DATE OF DEATH Month Nov Day 4 Year 1961	
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 16, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Berger, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ernest Berlemann		13b. MOTHER'S MAIDEN NAME Pauline Bahn	
14. NAME OF HUSBAND OR WIFE Charles Mehrhoff		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. None		17. INFORMANT Frank Berlemann	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renalized carcinoma 1 yr DUE TO (b) Ca line DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. 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 9 June 1955 to 4 Nov 1961 and last saw her alive on 3 Nov 61 . Death occurred at 1020 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Berger MD (Degree or title)		22b. ADDRESS Washington St	
22c. DATE SIGNED Nov 61		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-7-1961	23c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cem.	23d. LOCATION (City, town, or county) (State) Berger, Mo.
24. FUNERAL DIRECTOR Paul H. Blumner Berger Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 11/7/61	
26. REGISTRAR'S SIGNATURE Lois E. Sullivan			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *August H. Bremer*

Licensed Embalmer No. 3160

P. O. Address *Herrmann No*

- 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.