

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

102 = 62-031560
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 16Y Primary Registration District No. 16Y Registrar's No. 16Y

FILED AUG 22 1962

VS 300
Rev. 4/59

10500
22259

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1286-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMES</u> Length of stay in lb <u>5 mos. 7 days</u>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1014 LOCUST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>Jr</u> Last <u>BERKLEY</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-9-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEW YORK RACING ASSN</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Mo.</u>
13a. FATHER'S NAME <u>WILLIAM J. BERKLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of entry into service) <u>YES WORKED WAR #1</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address: <u>EUREKA, MO. BROTHER LEONARD, ST. JOSEPH'S HILL INFIRMARY</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBROVASCULAR ATTACK</u> DUE TO (b) <u>Generalized arteriosclerosis, cerebral</u> DUE TO (c) <u>cardiovascular involvement</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old cv. A.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u>
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"/>	
20c. TIME OF INJURY Hour, Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Feb 1962</u> to <u>7/24/62</u> and last saw him alive on <u>7/24/62</u> Death occurred at <u>605 P.W. 7/24/62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Patrick C. Hogan MD</u> (degree or title)		22b. ADDRESS <u>2623 Telegraph Rd St Louis 8 Mo</u>	
22c. DATE SIGNED <u>7/27/62</u>			
23a. BURIAL, CREMATION, REMOVE (Specify) <u>BURIAL</u>		23b. DATE <u>7/28/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis 8, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly</u> ADDRESS <u>3540 Lindell</u>		25. DATE RECD. BY LOCAL REG. <u>7-28-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>	

VS AUG 29 1962

AUG 29 1962

Dr. Daniel C. Hagan
2623 Telegraph Road
Twinbrook 2-3022 1-3PM
Note to Premier
Haskell, St. Louis Springs
to get Burial Permit.

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,

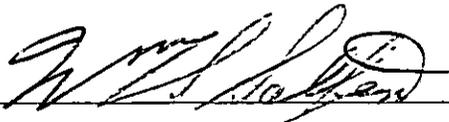
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address 5840 Lindell

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.