

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034293

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2674

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
<u>14005</u>	
<u>240002</u>	
3	
4 <u>0</u>	
5 <u>0</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
<u>9755X</u>	
10	
11	
<u>1246.0</u>	
13	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
INSTEAD OF	
SHOULD READ	
BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b <u>2 HRS.</u>	c. CITY OR TOWN <u>Affton</u>
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9656 Radio Dr.</u>
3. NAME OF DECEASED (Type or print) First <u>GIRARD</u> Middle <u>A</u> Last <u>BERGHOLD</u>		4. DATE OF DEATH Month <u>August</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>8/24/1963</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>2</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hrs. Min.
13a. FATHER'S NAME <u>Paul Berghold</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Quante</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis County, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Paul Berghold</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE	
IMMEDIATE CAUSE (a) <u>Congenital atelectasis</u>		14. NAME OF HUSBAND OR WIFE	
DUE TO (b) <u>Complete cleft lip</u>		14. NAME OF HUSBAND OR WIFE	
DUE TO (c) <u>Complete cleft palate</u>		14. NAME OF HUSBAND OR WIFE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u>4:00</u> a.m. p.m.	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 <u>St. Louis, Mo.</u>	
21. I attended the deceased from <u>8/24/63</u> to <u>8/24/63</u> and last saw him alive on <u>8/24/63</u> Death occurred at <u>4:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Grever MD</u> (Date or title)		22b. ADDRESS <u>4500 Olive St Louis Mo</u>	
22c. DATE SIGNED <u>8/26/63</u> (State)		22c. DATE SIGNED <u>8/26/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/26/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>John L Ziegenhein & Sons 7027 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>8-26-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>

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 no Embalming Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Hawaii

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.