

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-043433

STATE FILE NUMBER

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 49

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 27 1963

1. PLACE OF DEATH

a. COUNTY Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Roark Twp

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Gasconade

c. CITY
OR TOWN

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
4 mi. South of Hermann

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
ANNA EMMA BEREND

4. DATE OF DEATH
Month Day Year
11 15 1963

5. SEX
Female

6. COLOR OR RACE
Cau

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/8/1888

9. AGE (last birthday) 75
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10b. KIND OF BUSINESS OR INDUSTRY
Housekeeper

11. BIRTHPLACE (City and state or country)
Berger, Mo

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

Charles Berend

13b. MOTHER'S MAIDEN NAME

Elizabeth Kotthoff

14. NAME OF HUSBAND OR WIFE

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 Address
Mrs. Mary Speckhals, Hermann, Mo

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

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
20 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

(Found expired in bed in home)

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.

☐ 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.)
(No injury)

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.)
No injury

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her _____
Death occurred at about 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Coroner

22b. ADDRESS

Hermann, Mo

22c. DATE SIGNED

11/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11/18/1963

23c. NAME OF CEMETERY OR CREMATORY
St. George Cemetery

23d. LOCATION (City, town, or county)
Hermann, Mo

24. FUNERAL DIRECTOR ADDRESS
Herman Blumer, Inc Hermann, Mo

25. DATE RECD. BY LOCAL REG.

11-16-63

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

JAN 22 1964

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

Orval L. Brown

Licensed Embalmer No.

5187

P. O. Address

Hermann, Mo.

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.