

S. No. 300
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27426

State File No.

ED AUG 26 1952

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5187

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape G	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Apple Creek Twp. Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Apple Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0168	

3. NAME OF DECEASED (Type or Print) August Berkbiegler	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 27, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob M. Berkbiegler	13b. MOTHER'S MAIDEN NAME Helen Ruch	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME ADDRESS Jacob Berkbiegler Perryville Rl, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Cerebral Apoplexy	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 M.W. of Breidhime Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 20 52 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Cerebral Apoplexy
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8: A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. R. Dickson, 3 Coroner	23b. ADDRESS 4 S. Pacific St Cape Girardeau Mo	23c. DATE SIGNED Aug 20, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-23-52	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Biehle, Missouri
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DATE REC'D BY LOCAL REG. Aug 22. 52	REGISTRAR'S SIGNATURE D. S. Siler 43	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed *Edward J. Young*.....

Licensed Embalmer No. 2138.....

P. O. Address *Roswell, 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 this body is not embalmed, fact should be so stated above.