

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44083

FILED JAN 5 - 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11813**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 24 1916 WYOMING	
3. NAME OF DECEASED (Type or Print) LOUIS		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 19, 1953	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov 1 1875	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONARY FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY MEDART CO	
11. BIRTHPLACE (City and State or Foreign Country) INDIANA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANTHONY BERGER		13b. MOTHER'S MAIDEN NAME HELEN KRUEL	
14. NAME OF HUSBAND OR WIFE MARGARET BERGER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 489-05-1004		17. INFORMANT'S SIGNATURE OR NAME MARGARET BERGER ADDRESS 1916 Wyoming	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation of Sigmoid colon of sigmoid colon DUE TO (b) Aspiration of foreign material DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Perforation of sigmoid Sigmoid colon with	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		5721A	
22. I hereby certify that I attended the deceased from 11-30-53 , 19____, to 12-19-53 , 19____, that I last saw the deceased alive on 12-19-53 , 19____, and that death occurred at 8:15A m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 12-14-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE DEC. 16 1953		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti ADDRESS 2906 Kearns	
DATE REC'D BY LOCAL REG. DEC 15 1953		REGISTRAR'S SIGNATURE [Signature]	

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. *4342*

P. O. Address *2906 Davenport*

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.