

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2571

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0307**

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 (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) c. (Last) BEREITSCHAFT | | 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 10, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH December 8, 1876 |
| 9. AGE (In years last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furrier | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Retired 7 Yrs. | |
| 11. BIRTHPLACE (City and State or Foreign Country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Don't Know | | 13b. MOTHER'S MAIDEN NAME Don't Know | |
| 14. NAME OF HUSBAND OR WIFE Anna Bereitschaft | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. 490-05-2217 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Bereitschaft, 2705 Osceola St. | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart failure ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Hypertensive Cardiovascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR 4200 | | 22. I hereby certify that I attended the deceased from 1-9-54 , 19___, to 1-10-54 , 19___, that I last saw the deceased alive on 1-10-54 , 19___, and that death occurred at 5:45 P m., from the causes and on the date stated above. | |
| 23a. SIGNATURE Ed Taylor (Degree or title) (M.D.) | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 1-11-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 1/13/54 | | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary | |
| 25. FUNERAL DIRECTOR'S SIGNATURE St. Louis 18 Mo. | | 26. ADDRESS 2842 Meramec St. | |
| DATE REC'D BY LOCAL REG. JAN 12 1954 | | 27. (Licensed Embalmer's Statement on Reverse Side) | |

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 Ma....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Laron E. Deha*.....

Licensed Embalmer No.. 4094

P. O. Address 2842 Meramec
St. Louis 18 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.