FILED JUL 1 - 1954

No. 300
10-48

3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21522

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1409

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D.O.A. Clayton
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 472 B
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1731 VirginiamLane

3. NAME OF DECEASED (Type or Print)
a. (First) Otto
b. (Middle) A.
c. (Last) Berlekamp

4. DATE OF DEATH (Month) (Day) (Year) 6/15/54

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/17/1894
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months 1 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Berlekamp
13b. MOTHER'S MAIDEN NAME Alvina Weiher
14. NAME OF HUSBAND OR WIFE Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) World War 1
16. SOCIAL SECURITY NO. 494-09-3016
17. INFORMANT'S SIGNATURE OR NAME Caroline Berlekamp — ADDRESS Kirkwood, MO

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted strangulation by ligature. Body was found hanging by a rope from a rafter in a building under construction on Williams Rd. ½ mi. south of Highway 66, by two neighbor children.

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 974 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Construction job
21c. (CITY, TOWN, OR TOWNSHIP) Rural — (COUNTY) St. Louis — (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/15/54 5:10 P.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Self-inflicted strangulation by ligature.

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann — (Degree or title) Coroner
23b. ADDRESS Clayton, Mo.
23c. DATE SIGNED 6/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/18/54
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jeferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 6/16/54
REGISTRAR'S SIGNATURE Herbert R. Homke, MD
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger — ADDRESS Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Fitzinger

Licensed Embalmer No. 4 3

P. O. Address Rukwood

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