

318

1003

State File No.

6460

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4934 Berthold Ave.		e. STREET ADDRESS (If rural, give location) 4 4934 Berthold Ave. 2048			

3. NAME OF DECEASED (Type or Print) CAROLINE		a. (First)		b. (Middle)		c. (Last) BERKELEY		4. DATE OF DEATH (Month) (Day) (Year) July 15 1954		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1964 Aug. 4, 1886		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Detroit, Mich.			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME Michael Kane			13b. MOTHER'S MAIDEN NAME Sarah Berry			14. NAME OF HUSBAND OR WIFE Late Charles C. Berkeley		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give unit or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Florence Berkeley				ADDRESS 4934 Berthold Ave.			
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18. CAUSE OF DEATH (Indicate only one cause per line, (a), (b), and (c))		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Exhaustion</u>						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PRECEDENT CAUSES Abolite conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)							
DUE TO (c)		DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Heart</u>							

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9310		
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22. I hereby certify that I attended the deceased from 7-15-54, to 7-15-54, that I last saw the deceased alive on 7-15-54, and that death occurred at 1 a.m., from the causes and on the date stated above. 22

23a. SIGNATURE <u>Cowhite MD</u>		(Degree or title)		23b. ADDRESS 1125 S. Kingshighway		23c. DATE SIGNED 7-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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DATE REC'D BY LOCAL REG. III 15 1954		REGISTRAR'S SIGNATURE <u>Cash Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.			
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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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *William B. White*

Licensed Embalmer No... *4228*

P. O. Address *4228 Lehigh*

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.