

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24806

State File No. ....

FILED AUG 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1754

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ROCK HILL</u> c. LENGTH OF STAY (In this place) <u>3 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ROCK HILL NURSING HOME</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u> d. STREET ADDRESS (If rural, give location) <u>500 OAK ST.</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>CHRISTINE</u> c. (Last) <u>BERGER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JULY 29, 1955</u>		
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>12-22-79</u>	<b>9. AGE</b> (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>HIGHLAND, ILL. RURAL</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>JOHN BERGER</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ELSBETH DUTLER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Miss Jennie Berger 500 Oak St. Webster Groves</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Parkinson Disease</u>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Arteriosclerotic Vascular Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b>   <u>350x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>   _____

22. I hereby certify that I attended the deceased from December 48, 1955, to July, 1955, that I last saw the deceased alive on 7-28-55, 1955, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Arthur W. Westrup M.D.</u>	<b>23b. ADDRESS</b> <u>204 E. Big Bend</u>	<b>23c. DATE SIGNED</b> <u>7-30-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>8-7-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>HIGHLAND CITY CEM.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>HIGHLAND ILLINOIS</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7/30/55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert B. Donke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>MITTELBERG FUNERAL HOME</u> <u>73 W. LOCKWOOD AVE. WEBSTER GROVES</u>
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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 .....  
Student Embalmer

Signed

*John S. Denner*  
Licensed Embalmer No. 4194  
P. O. Address St. Louis

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.