

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017364

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3868

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF Prudent - is due to car accident

**FILED APR 17 1963**

|   |  |   |                       |  |  |   |  |   |                  |   |  |
|---|--|---|-----------------------|--|--|---|--|---|------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN                                      |                       | Length of stay in 1b   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE |  | b. COUNTY                                     |                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN  |  | St. Louis,  |                       |  |  | c. CITY OR TOWN   |  | St. Louis,                                    |                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |  | St. Anthony Hospital  |                       | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS<br>(If outside, give location)  |  | 3520 Chippewa St.                             |                  |   |  |
| 3. NAME OF DECEASED<br>(Type or print)  |  |   | First Middle Last     |  |  | 4. DATE OF DEATH  |  | Month Day Year                                |                  |   |  |
| Sister  |  |   | M. (Prudentia) Berger |  |  | April   |  | 3,  |                  | 1963  |  |
| 5. SEX  |  | 6. COLOR OR RACE  |                       | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH  |  | 9. AGE (last birthday)                        |                  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| Female  |  | White   |                       |  |  | 12/19/1889  |  | 73  |                  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |   |                       | 10b. KIND OF BUSINESS OR INDUSTRY  |  |   |  | 11. BIRTHPLACE (City and state or country)    |                  | 12. CITIZEN OF WHAT COUNTRY   |  |
| Religious   |  |   |                       | Domestic   |  |   |  | St. Louis, Missouri                           |                  | U.S.A.  |  |
| 13a. FATHER'S NAME  |  |   |                       | 13b. MOTHER'S MAIDEN NAME  |  |   |  | 14. NAME OF HUSBAND OR WIFE                   |                  |   |  |
| John H. Berger  |  |   |                       | Anna Boever  |  |   |  |   |                  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |  |   |                       | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br>Address  |  |   |                  |   |  |
| No  |  |   |                       |  |  | Sister M. Barbara O.S.F 3520 Chippewa St  |  |   |                  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:  |  |   |                       |  |  |   |  |   |                  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) <u>Permanary Embolism</u>   |  |   |                       |  |  |   |  |   |                  | 2 days  |  |
| DUE TO (b) <u>Thrombophlebitis Rt Lower Extremity</u>   |  |   |                       |  |  |   |  |   |                  | 4 days  |  |
| DUE TO (c) <u>Pleuroy Simple Wannerthaymas</u>  |  |   |                       |  |  |   |  |   |                  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |                       |  |  |   |  |   |                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 170x  |  |   |                       |  |  |   |  |   |                  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |                       | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |   |                  |   |  |
| 20c. TIME OF INJURY<br>Hour s.m. p.m.   |  | Month, Day, Year  |                       |  |  |   |  |   |                  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |                       | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY  |  | STATE   |                  |   |  |
|   |  |   |                       |  |  |   |  |   |                  |   |  |
| 21. I attended the deceased from <u>May 27-63</u> to <u>Apr 3-63</u> and last saw her/him alive on <u>Apr 2-63</u><br>Death occurred at <u>12:500 Noon</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                       |  |  |   |  |   |                  |   |  |
| 22a. SIGNATURE<br>(Degree or title)   |  |   |                       |  |  | 22b. ADDRESS  |  |   | 22c. DATE SIGNED |   |  |
| <u>Richard S Warner M.D</u>   |  |   |                       |  |  | <u>1115 Paul Brown Bldg. St. Louis MO</u>   |  |   | <u>Apr 4-63</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 23b. DATE   |                       | 23c. NAME OF CEMETERY OR CREMATORY   |  |   |  | 23d. LOCATION (City, town, or county) (State) |                  |   |  |
| Burial  |  | 4/6/63  |                       | SS. Peter & Paul Cemetery  |  |   |  | St. Louis, Missouri                           |                  |   |  |
| 24. FUNERAL DIRECTOR<br>ADDRESS   |  |   |                       | 25. DATE RECD. BY LOCAL REG.   |  | 26. REGISTRAR'S SIGNATURE   |  |   |                  |   |  |
| Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18, Missouri  |  |   |                       | APR 4 1963   |  | <u>Loan Smith, M.D.</u>   |  |   |                  |   |  |

**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 Me Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe B. Perry

Licensed Embalmer No. 4249

P. O. Address 2842 Noramec St.  
St. Louis 18, Missouri

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.