N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4578
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1223

2. PRINT FULL NAME MARY BERG, 620
(a) Residence, No. 4942 Rosalie Street St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles H. Berg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1874

7. AGE: YEARS 63 | MONTHS 8 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo.

FATHER
13. NAME: Henry Polite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Charles H. Berg 4942 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Feb. 2, 1938

19. FUNERAL DIRECTOR (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED FEB 2 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1938, to Jan. 30, 1938
I last saw her alive on Jan. 29, 1938. Death is said to have occurred on the date stated above, at 2:15 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Brocho-pneumonia	Jan. 22, 1938
95	

Other contributory causes of importance: Cardiac dilatation with decompensation — Don't know

Name of operation: none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Roland R. Menown, M. D.
(Address) 5330 Geraldine

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)