

MAR 25 1939

APR 7 1939

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

12220  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 784  
(b) Township Clayton / Primary Registration District No. 101  
(c) City Clayton or (d) Street No. St. Louis County Hospital St. Louis, Mo. Registered No. 548  
(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.

2. PRINT FULL NAME John Berg

(a) Residence, No. Lackland & Craig, Creve Coeur, Mo. (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 male  
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 Gertrude Berg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 3 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Farmer  
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) Mo. 0

13. NAME Charles Berg 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 7

15. MAIDEN NAME ? Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT wife, Gertrude Berg  
(ADDRESS) Lackland & Craig,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica Cem. DATE 3/27/39

19. FUNERAL DIRECTOR (NAME) Ortmann  
(ADDRESS) Overland Mo.

20. FILE MAR 25 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/39 19  
22. I HEREBY CERTIFY, That I attended deceased from 3/9/39 19 to 3/25/39 19.  
I last saw h. im alive on 3/25/39 19. Death is said to have occurred on the date stated above, at 1:10A, M.  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 3/13/39

Other contributory causes of importance: Uremia 7

Degenerative heart disease ?  
Name of operation L Date of -  
What test confirmed diagnosis? - 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) George M. Paulson M. D.  
(Address) 901 N. Main St. St. Louis

X-16605

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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Al C Ortman*.....

Licensed Embalmer No. *3478*.....

P. O. Address.....

**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, above space should be left blank.**