

23<sup>RD</sup> JUL 11 1939

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

22081  
Do not use this space.

1. PLACE OF DEATH *2*  
(a) County *GASCONADE* Registration District No. *306*  
(b) Township *B.O.E.U.F. #1* Primary Registration District No. *5424*  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 *62-6 ANNA MARY BERGER*  
(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *WIDOW*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF *HERMAN BERGER*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *FEB 16 1873*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*66 4 12*  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *HOUSEWIFE*  
9. Industry or business in which work was done, as saw mill, bank, etc. *HOME*  
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) *DRAKE MO*  
13. NAME *Hy. WOLBRINK*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *GERMANY*  
15. MAIDEN NAME *MARY KATHERINE*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *GERMANY*  
17. INFORMANT *Oscar Berger* (ADDRESS) *Roched Mo.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *CHARLOTTE EV. CEMETERY* DATE *6-28 1939*  
19. FUNERAL DIRECTOR *W. F. Hattenhauer* (ADDRESS) *Owensville Mo.*  
20. FILED *6-29 1939* *John Engelbrecht* (Address) *277*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 27 1939*  
22. I HEREBY CERTIFY, that I attended deceased from *6 30* 1936 to *June 29 1939*  
I last saw her alive on *June 27 1939*. Death is said to have occurred on the date stated above, at *7:20* a.m.  
The principal cause of death and related causes of importance were as follows:  
*Coronary Thrombosis* Date of onset *6-28-39*  
Other contributory causes of importance: *54*  
*Diabetes Mellitus*  
Name of operation \_\_\_\_\_ 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): *Charles A. Schmitt*, M. D.  
*Iserald W. D.*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Welford H. H. Winters....., Licensed Embalmer No. 3838.

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 Welford H. H. Winters.....

Licensed Embalmer No. 3838.....

**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.)**