

09
 FEB MAR 14 1940

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

8502
 Do not use this space.

1. PLACE OF DEATH
 (a) County Warren Registration District No. 884
 (b) Township Charrette Primary Registration District No. 617
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mary Katharine Berg
 (a) Residence, No. Martha'sville Warren Co. Mo. (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 widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edo F Berg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 1 17
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Martha'sville Mo
 FATHER
 13. NAME Foy Berg
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Katharine Bobers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs Amanda Grosz
Martha'sville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Martha'sville Mo DATE Feb 27 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adeline Lichtenberg
Martha'sville Mo
 20. FILED Feb 26 40 J. C. Blumer
Local Registrar

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1940
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1925 to Feb 25 1940
 I last saw him alive on Feb 25 1940 Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Asthma
acute myocarditis
 Date of onset Feb 10 1940
 Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no injury
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no injury
 Nature of injury no injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Herbert H Dehndt, M. D.
 800 (Address) Martha'sville, Mo

V. S. NO. 50M-9-19-38 I X16605
 MARG. RESERVED FOR BINDING
 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.

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 Adeline Lichtenberg

Licensed Embalmer No. 3294

P. O. Address Martha'sville Mo

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.