V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17763

Registration District No. 296 Primary Registration District No. 5413 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Union Rural 0
(If outside city or town limits write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wilhelmina Berger Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Berger Sr.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 15, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 6 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Housekeeper

11. Industry or business

FATHER
12. Name Casper Engelbrecht
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Scloemann
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Henry Berger Sr.
(b) Address Union, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mantels Church, Union, Mo. 854

18. (a) Signature of funeral director Wm H Horn
(b) Address Union Mo

19. (a) 5-22-41 (Date received local registrar) (b) Louis F. Howe MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 3 minute 35a.m.

21. I hereby certify that I attended the deceased from April 4, 1941, to May 21, 1941
that I last saw her alive on May 20, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	4/4/41
Due to arteriosclerosis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis F. Howe (M. D. or other) (1)
Address Union Mo Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wm H Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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.