

19395

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH~~19000~~
Do not use this space.

1. PLACE OF DEATH

(a) County AndrainRegistration District No. 26

(b) Township

Primary Registration District No. 3002Registered No. 76(c) City Mexico mo(d) Street No. Andrain Co Hospital

(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

(a) Residence, No. Charles William BergerMiddletown Mo.St. ☐

(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)

Infant5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Feb. 10 - 1941

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

4226

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN,
(STATE OR COUNTRY))Montgomery Mo

FATHER

13. NAME

Thomas Berger14. BIRTHPLACE (CITY OR TOWN,
(STATE OR COUNTRY))Montgomery Mo

MOTHER

15. MAIDEN NAME

Vivian Butler16. BIRTHPLACE (CITY OR TOWN,
(STATE OR COUNTRY))Cleary Ohio17. INFORMANT
(ADDRESS)Thomas Berger
Middletown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bergs Chapel

DATE

5-7-4119. FUNERAL DIRECTOR (NAME)
(ADDRESS)Wells & Wells
Middletown Mo.

20. FILED

May 6 - 1941Blanche Neely

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 6 - 1941

22. I HEREBY CERTIFY That I attended deceased from

May 4 - 1941, to May 6 - 1941I last saw him alive on May 6 - 1941 Death is saidto have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

Cholera infantum

Date of onset

5-4-41

Other contributory causes of importance:

malnutrition
dehydration

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

J. G. Beland, M. D.

(Address)

Wells & Wells Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 6-41-1197

Date Filed JUN 19 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

Not Embalmed,

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.