

S. No. 2
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5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942
Dr. H.I. Taylor
Registration District No. 213

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41672

State File No. _____
Registrar's No. 20

Primary Registration District No. 3014

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
808 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Washington Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen Joseph Berger
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1942 hour 2 minute P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Berger
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 8 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 1942 to Jan 14 1942
(that I last saw h. alive on _____ and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 9 6 hr. min.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
8301

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe worker
11. Industry or business " "

Major findings:
Of operations 8301
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Joseph Berger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Sontheimer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Kalkmeyer
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-16-1942
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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? _____

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 1-14-42 (Date received local registrar)
(b) Thomas Richter (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H.I. Taylor (Physician or other)
Address Jefferson City, Mo. Date signed 1-14-42

814 (Licensed Embalmer's Statement on Reverse Side)

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

26
5
4

#0

JAN 23 1942

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..... *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address..... *Jefferson City*

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, fact should be so stated above.