

FILED JUL 23 1942
882
Registration District No.

Primary Registration District No. 6174

State File No.

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wagner
(b) City or town Winstell
(c) Name of hospital or institution: Henry Berger
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 2.5 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wagner Co
(c) City or town Winstell
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delia Emma Burger

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 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 7 hr. min.

9. Birthplace Don't know State
(City, town, or county) (State or foreign country)

10. Usual occupation Home Duties

11. Industry or business

MOTHER FATHER { 12. Name James Wilkerson
13. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)
14. Maiden name Grand's Albrecht
15. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frances C. Haggins

(b) Address 5901 Lotus Ave St Louis Mo

17. (a) Burial (b) Date thereof June 9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Wright City Mo

18. (a) Signature of funeral director W. E. Eithman
(b) Address Wentzville Mo

19. (a) June 8/42 (b) Julius Nieburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 5
1942, to June 7 1942
that I last saw him alive on June 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 320

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? (Specify type of place) (Specify means of injury)

23. Signature Charles L. Garcia (M. D. or other)
Address Waverly Mo Date signed 6/8/42

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

900

FEB 17 1949

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 T. E. Pittman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, fact should be so stated above.