S. No. 2
M—2-43
5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 0 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13047

State File No. 13047

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1896

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days

In this community: unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 930 Paseo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country:

3. (a) PRINT FULL NAME: Helen L. Berger

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Abraham

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: May (Month) 10 (Day) 1896 (Year)

8. AGE: Years 46 Months 11 Days 11 If less than one day: hr. min.

9. Birthplace: Bridgeport, Conn. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Not Known
13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Abraham Berger
(b) Address: 930 Paseo

17. (a) ~~Cremation~~ Burial (Burial, cremation, or removal) (b) Date thereof: 4-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: G. L. Lomax
(b) Address: 3400 Woodland

19. (a) 4-22-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1943 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4-18-43, 19__, to 4-21-43, 19__; that I last saw her alive on 4-21-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	
Due to: 124 B'	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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: Irving K. Thom (M. D. or other)

Address: Med.Dir.K.C.Gen.Hospital Date signed:

(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. A. L. Louis

Licensed Embalmer No. 3110

P. O. Address. K. C. 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.