

No. 2
-2-43
-17-39
X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29719

State File No.

1003

Registrar's No.

8115

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4615 Lindell Blvd
(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)

3. (a) PRINT FULL NAME May Berg

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-05-5480

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 27th, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 14 hr. _____ min.

9. Birthplace Norway
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Buyer

11. Industry or business Famous-Barr

MOTHER FATHER { 12. Name Nils Berg
13. Birthplace Norway
(City, town, or county) (State or foreign country)
14. Maiden name Mary Erickson
15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Hagen

(b) Address 5310 Neosho St

17. (a) Burial (b) Date thereof 9/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) SEP 13 1943 (b) J.F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4615 Lindell Blvd
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Norway

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th,
year 1943 hour 10.15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 4, 1942, to 9/11/43, 19____;
that I last saw her alive on 9/10/43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of the Stomach
Secondary Carcinoma of Omentum

Due to Diaphragmatic Hernia of Stomach

Due to _____
Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations Dioperative Carcinoma of Stomach
Of autopsy None

Duration 4/4/42

11/4/42

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? _____

While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature Aug. G. Richman (M. D. or other) 9/11/43
Address 4660 Maryland Ave Date signed _____

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

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. *4343*

P. O. Address. *1415 Zephyr Pl
Maplewood, 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.