

FILED FEB 11 1944 3

State File No. \_\_\_\_\_

Registration District No. 2773

Primary Registration District No. 3051

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 87-3-22  
In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Louisa Berkbigler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mike Berkbigler

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 9 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dont Know

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. Vallery

(b) Address Perryville Mo. R.R. 1

17. (a) Burial (b) Date thereof 2-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Biehle Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 2-2-1944 (b) Thos. J. Golday  
(Date received local registry) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Jan 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia

Due to Atelous Sclerosis

Due to Inferior base

Other conditions (include pregnancy within 3 months of death) 3201

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Wm. Wickman (M. D. or other) Dr.

Address Perryville Mo. Date signed 2-3-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. 4  
District File Number 244-3429  
Date Filed 2-10-44

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**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 Wallace Young  
Licensed Embalmer No. 4027

P. O. Address Perryville, 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.**