

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14529
Registrar's No. 42

Registration District No. 278 Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Third and South Carolina 3
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Wayne 999
(c) City or town Salem
(d) Street No. Unknown
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DAVID DANIEL BERG
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mable Berg
6. (c) Age of husband or wife if alive 1939 years
7. Birth date of deceased April 6 1939
(Month) (Day) (Year)

Immediate cause of death Heart Coronary Thrombosis
Duration
Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
58 0 1 hr. min.

9. Birthplace Wayne Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Francis M. Berg

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

14. Maiden name Isabel R. Nesbitt
(City, town, or county) (State or foreign country)

15. Birthplace Wayne Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Thurman
(b) Address Salem Ill.

17. (a) Removal (b) Date thereof 4/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garner & Sterne

18. (a) Signature of funeral director
(b) Address Louisiana Missouri

19. (a) 4-7-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

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?
(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 S.A. Goodin Coroner
Address Louisiana Missouri Date signed 4-7-47

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

MOTHER FATHER

JUL 22 1947

RECEIVED
District Health Officer No. 10
District File Number 5-47-727
Date MAY - 5 1947

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 and

Virginia M. Lane, Registered Apprentice No. 491
working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.

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