No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29849

Registrar's No. 1802

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2137 Oakdale Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2137 Oakdale Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gertrude Berg
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. /
5. Color or race W.
6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Henry Berg
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 14th., 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Joseph Bechler 4
13. Birthplace (City, town, or county) Germany / (State or foreign country)
MOTHER
14. Maiden name Anna Veith
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mr. Henry Berg /
(b) Address 2137 Oakdale Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 8-22-47 (Date received local registrar) (b) Bertha J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th., year 1947 hour 8 minute 45 am M.

21. I hereby certify that I attended the deceased from 1939, 19, to Aug 19th 1947; that I last saw her alive on Aug-19- 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart - Chr. Myocarditis

Due to

Due to old Carcinoma of breast.

Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Dr Maurice A. Frankenthal (M. D. or other)
Address Lister Bld 4500 Olive Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frankelthal
Lister Bldg.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linden

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.