

FILED DEC 8 1947
Registration District No. 017

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County... ST LOUIS
(b) City or town... WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 60 YRS (Specify whether years, months or days)
In this community... 60 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... ST LOUIS 96
(c) City or town... WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No... 504 W-KIRKHAM AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME JOHN H BERG

3. (b) If veteran, name war... --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Dec day... 1 year... 1947 hour... 12 minute... 15 A.M.

21. I hereby certify that I attended the deceased from... 1942 to... Dec 1, 1947 that I last saw him alive on... Dec 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death... acute cardiac dilatation Duration 1 hour

Due to... 95
Due to...

Other conditions... Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy...
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.....
Signature... E. J. Volkmann (M. D. or other) MD
Address... 522 W. Big Bend Date signed... 11/27/47

5. Color or race... W
6. (a) Single, widowed, married, divorced... MARRIED
6. (b) Name of husband or wife... MARY A BERG
6. (c) Age of husband or wife if alive... 78 years
7. Birth date of deceased... FEB 6 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 25 hr. min.

9. Birthplace... ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation... CONTRACTOR

11. Industry or business

12. Name... JOHN BERG
13. Birthplace... ST LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name... AUGUSTA PURFUERST
15. Birthplace... ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant... Mary A Berg
(b) Address... 504 W Kirkham Ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof... 12-3-1947
(Month) (Day) (Year)
(c) Place: burial or cremation... CALVARY

18. (a) Signature of funeral director... Parsons and Co
(b) Address... Webster Groves Mo
19. (a) 12-4-47 (Date received local registrar) (b) --- (Registrar's signature) Address... --- Date signed... ---

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

MOTHER FATHER

FEB 4 1948

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *White Plains, N.Y.*

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.