S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6053

FILED MAR 15 1948

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2235

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~~ St Johns O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-28 to 3-3-48 (Specify whether years, months or days) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Webster Groves 19 7 (If outside city or town limits, write "RURAL")
(d) Street No. 500 Oak St 4 (If rural, give location) R.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Benjamin John Berger
3. (b) If veteran, name war No
3. (c) Social Security No. 489-07-8334
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan. (Month) 22 (Day) 1880 (Year)
8. AGE: Years 68 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Near Highland (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Clerk Retired 2 years
11. Industry or business Fairbanks Morse Co
FATHER
12. Name John Berger
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Elizabeth Dutler
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Mrs Junior Berger
(b) Address 500 Oak St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Illinois
18. (a) Signature of funeral director Mattelberger Funeral Home
(b) Address Webster Groves Mo.
19. (a) MAR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1948 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12-15, 1947 to 3-3-, 1948 that I last saw him alive on 3-3-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Kidney
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

Duration

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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature [illegible] (M. D. or other) —
Address [illegible] Date signed 3-4-48

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo P. Caldwell

Licensed Embalmer No. 4077

P. O. Address .....

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.