

FILED AUG 22 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 64

1. PLACE OF DEATH

a. COUNTY JEFFERSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP

c. LENGTH OF STAY (in this place) 40 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION HOME KIMMSWICK MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MO b. COUNTY JEFFERSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP

d. STREET ADDRESS (If rural, give location) NEAR ANTONIA MO 0500

3. NAME OF DECEASED (Type or Print)

a. (First) NETTIE b. (Middle) _____ c. (Last) BERGER

4. DATE OF DEATH (Month) (Day) (Year) AUG 16 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH DEC 17, 1876 9. AGE (In years last birthday) 73 7 11 11 11 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE 11. BIRTHPLACE (State or foreign country) EUROPE 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOE KRS 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE EMIL BERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMIL BERGER KIMMSWICK MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Liverosis liver

INTERVAL BETWEEN ONSET AND DEATH _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Chol. Myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5810

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kimmswick Jefferson MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from July 1947, to 8/16, 1950, that I last saw the deceased alive on 8/16, 1950, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Reich M.D. 23b. ADDRESS Kimmswick Mo 23c. DATE SIGNED 8/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG 19 1950 24c. NAME OF CEMETERY OR CREMATORY HOUSESPRINGS CATHOLIC 24d. LOCATION (City, town, or county) (State) HOUSE SPRINGS MO

DATE REC'D BY LOCAL REG. Aug 19 - 50 REGISTRAR'S SIGNATURE Mrs. Ruth J. ... 438 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAD FUNERAL HOME KIMMSWICK MO

(Licensed Embalmer's Statement on Reverse Side)

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

500-1

SEP 29 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-21-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Elmer Haligtag

Licensed Embalmer No. *3591*

P. O. Address *Kimmswick*

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.