

FILED AUG 29 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28008  
6808 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 8 Days		c. CITY (If outside corporate limits, write RURAL and give township) Florissant		4050	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) Route # 2 Box 269			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Henry		c. (Last) Berger		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1900	
9. AGE (In years, Months, Days) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, or when retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Contracting		11. BIRTHPLACE (State or foreign country) Rosebud, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Herman Berger		13b. MOTHER'S MAIDEN NAME Mary Wolbrink		14. NAME OF HUSBAND OR WIFE Stella Berger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. 470-22-1778		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Berger Florissant, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days 9 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201.			
22. I hereby certify that I attended the deceased from 8-1, 1950, to 8-9, 1950, that I last saw the deceased alive on 8-9, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. W. Ferguson M.D.</u> (Degree or title)				23b. ADDRESS Ferguson, Mo.		23c. DATE SIGNED 8-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/11/50		24c. NAME OF CEMETERY OR CREMATORY Ebenezer Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Charlotte, Mo.	
DATE REC'D BY LOCAL REG. AUG 10 1950		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*H. M. White*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3943*

P. O. Address *Hershey, Pa.*

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.