

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002

4006

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University Hills</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University Hills 4376</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>510 Overhill Drive</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>510 Overhill Drive</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JACK</b>	b. (Middle) <b>L.</b>	c. (Last) <b>BERG</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (In years) (Months) (Days) <b>abt. 39</b>	10. UNDER 1 YEAR	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER OF BUSINESS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Machinery</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harry Berg</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Maxine P. Berg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>WW 2</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. L. Berg-510 Overhill Dr.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis with acute myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Dec 5, 1950**, to **Dec 14, 1950**, that I last saw the deceased alive on **Dec 14, 1950**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph Magidom M.D.</b>	23b. ADDRESS <b>520 Westgate</b>	23c. DATE SIGNED <b>Dec 14, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/15/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chevrah Kadisha Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12/14/50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frederick Herman Rindskopf, Inc.</b>	ADDRESS <b>5216 - Dalmace</b>
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2211 2 2 1901

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

*John Ketter*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3880

P. O. Address *St. Louis Mo*

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.