

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. **13780**
3433

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 _____

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 20 yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2129

d. FULL NAME OF HOSPITAL OR INSTITUTION 1245 N Kingshighway

d. STREET ADDRESS (If rural, give location) 1245 N Kingshighway

3. NAME OF DECEASED
a. (First) Anna
b. (Middle) Viola
c. (Last) Berg

4. DATE OF DEATH (Month) (Day) (Year)
4-9-1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 9-17-1878

9. AGE (In years last birthday) 72
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Buchanan Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE William

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
William Berg 1245 N Kingshighway

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast
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.

INTERVAL BETWEEN ONSET AND DEATH
4 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
170X

22. I hereby certify that I attended the deceased from 2-5, 1951, to 4-9, 1951, that I last saw the deceased alive on 4-9, 1951, and that death occurred at 12:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A F Reuver MD

23b. ADDRESS 1259 N Kingshighway

23c. DATE SIGNED 4-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-4-51

24c. NAME OF CEMETERY OR CREMATORY Wellsboro City Cem

24d. LOCATION (City, town, or county) (State) Wellsboro Mo

DATE REC'D BY LOCAL REG. APR 12 1951

REGISTRAR'S SIGNATURE J B Lasata

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Rowland Mortuary Service Inc.

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

80008

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

Ronald O Yalmer

Signed.....
Student Embalmer

12
15
2-5

Licensed Embalmer No. 3917

P. O. Address *Offices*

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.