

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17745

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cap Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington RURAL St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson	
c. LENGTH OF STAY (In this place) 17 das.		d. STREET ADDRESS (If rural, give location) 808 Virgie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No.			

3. NAME OF DECEASED (Type or Print) TONY	a. (First)	b. (Middle)	c. (Last) BERG	4. DATE OF DEATH (Month) (Day) (Year) May 28, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1874	9. AGE (In years last birthday) 76	if UNDER 1 YEAR Months 11 Days 0	if UNDER 18 Hrs. 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Munich, Bavaria, Pro. of Germany	12. CITIZEN OF WHAT COUNTRY? U.S. Nat'lized
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13a. FATHER'S NAME Reicheneder	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Kathleen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No.4, Farmington, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Abt. 3 das.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular renal disease		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes and lues			Unknown.

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)	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) (Min.)	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 May 11, 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Brennan M.D.	23b. ADDRESS State Hospital No.4, Farmington, Mo.	23c. DATE SIGNED 5-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Brunell Heights	24d. LOCATION (City, town, or county) (State) Jackson, Mo.
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DATE REC'D BY LOCAL REG. May 29, 1951	REGISTRAR'S SIGNATURE E. Ather Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Braught	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE NO. 4

File No.

JUN 5 1951

RECEIVED

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

Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Jackson, 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.