

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

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FILED APR 25 1952

STANDARD CERTIFICATE OF DEATH

15135

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 6076 Registrar's No. 865

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL, and give township) N. rmandy

c. LENGTH OF STAY (in this place) 10 min.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION N. rmandy Osteopathic Hospital

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

a. STATE Missouri

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) 2129
1
St. Louis

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

3. NAME OF DECEASED

a. (First) WILLIAM

b. (Middle) HENRY

c. (Last) BERG

4. DATE OF DEATH (Month) (Day) (Year) 3-29-52

5. SEX male

6. COLOR OR RACE Wh

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

8. DATE OF BIRTH 12-16-71

9. AGE (In years last birthday) 80

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) Retired

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Vandalia, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Berg

13b. MOTHER'S MAIDEN NAME Johanna Kraft

14. NAME OF HUSBAND OR WIFE Viola A Berg deceased

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

16. SOCIAL SECURITY NO. 489-20-2992

17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. Berg, 1245 No. Kingshighway

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

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

DUE TO (b) due to Myocarditis

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH _____

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) 4701

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 3-29-52, 1952, to 3-29-52, 1952, that I last saw the deceased alive on 1:30 pm, 1952, and that death occurred at 1:40 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Kohler

23b. ADDRESS 3448 Bismarck St. St. Louis 21, Mo.

23c. DATE SIGNED 3/29/52

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

24b. DATE Apr 12 1952

24c. NAME OF CEMETERY OR CREMATORY _____

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

DATE REC'D BY LOCAL REG. 4-1-52

REGISTRAR'S SIGNATURE Herbert R. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Wells - Wellsville, Mo.

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Bur Hoffman

Licensed Embalmer No. *4366*

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.