

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25471**

FILED JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>308</u>		PRIMARY REG. DIST. NO. <u>6042</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <sup>0920</sup>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>St. Charles</u> <sup>1920</sup>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matoon Mo</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matoon Mo RR. 0</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of Matoon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fleming Ochsler Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>G</u> c. (Last) <u>BERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-52</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Nov. 5-1837</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months	IF UNDER 1 MONTH Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Berg</u>			13b. MOTHER'S MAIDEN NAME <u>Schaefer</u>		14. NAME OF HUSBAND OR WIFE _____		
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 <u>Oscar Berg Matoon Mo</u>			
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) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Infirmitas of old age</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>15 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/18</u> 19 <u>52</u> to <u>7/19</u> 19 <u>52</u> , that I last saw the deceased alive on <u>7/19</u> 19 <u>52</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Northville Mo</u>		23c. DATE SIGNED <u>7/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Viola Fluellen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Olie Shockey</u>		ADDRESS <u>Augusta Mo</u>	

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

SEP 23 1952

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Howard O. Kessler*

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.