

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32733

State File No.

FILED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8532**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 N. Kingshighway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 21st 9	
		d. STREET ADDRESS (If rural, give location) 12 220 N. Kingshighway	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) Berg c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept 11 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Unknown Age 72	
11. BIRTHPLACE (City and State or Foreign Country) San Francisco, Calif.			9. AGE (In years last birthday) 72 If under 1 year: Months Days If under 24 hrs: Hours Mins.		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alex Berg	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Shifrin-Railway Exchange Bldg.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Interval between onset and death 1 1/2			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension 2 months			
		DUE TO (c) ulcerative Colitis & arthritis 4 yrs			
		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"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331st ST 7th		

22. I hereby certify that I attended the deceased from **Feb 1**, 19**18**, to **Sept 11**, 19**52**, that I last saw the deceased alive on **Sept 11**, 19**52**, and that death occurred at **2:45** m., from the causes and on the date stated above.

23a. SIGNATURE Neel Soper (Degree or title) M.D.		23b. ADDRESS 634 N Grand Ave. St Louis		23c. DATE SIGNED Sept 11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/12/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. SEP 11 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home 526 Delmar	
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(Licensed Embalmer's Statement on Reverse Side)

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

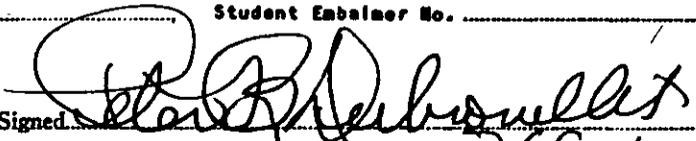
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 2691

P. O. Address Palmer, (Vt.)

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.