

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12781

State File No. ....

No. 300  
10-48

FILED APR 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 826

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy,</u>		c. LENGTH OF STAY (In this place) <u>29 Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7214 Normandy Place, 21</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy 418 1/2</u>	
		d. STREET ADDRESS (If rural, give location) <u>7214 Normandy Place, 21</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle)	c. (Last) <u>BERG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16th, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25th, 1882</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inventory Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Am. Standard Safety</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Berg</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Fischer</u>	14. NAME OF HUSBAND OR WIFE <u>Mathilda C. Berg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mathilda C. Berg</u>	ADDRESS <u>7214 Normandy Place, 21</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-15-53</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
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"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from Feb 5, 1956, to 3-15, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Giese M.D.</u>	23b. ADDRESS <u>7315 Pasadena Blvd.</u>	23c. DATE SIGNED <u>3-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-17-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>	ADDRESS <u>4828 Natural Bridge Blvd.</u>
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P (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Moore will call us & let us know where and when  
to meet him to have certificate signed.  
Meet Dr. Moore at his home, 7277 Roland Dr.  
Pasadena Hills @ 1:00 PM TUESDAY SURE.  
FILE IN ST. LOUIS COUNTY.

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 Ralph E. Linders

Licensed Embalmer No. 4275

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.