

FILED NOV 6-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37799

BIRTH NO. 75270 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2627

1. PLACE OF DEATH a. COUNTY St. Louis Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts.		c. LENGTH OF STAY (In this place) 31 minutes	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		d. STREET ADDRESS (If rural, give location) 315 Caroline
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Girl c. (Last) Berg			4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 9, 1953		9. AGE (In years last birthday) 0
				IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0
					Hours 0
					Min. 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Elmer H. Berg jr.		13b. MOTHER'S MAIDEN NAME Lois Ann Schmidt		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer H. Berg Jr. Kirkwood, Mo	

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) Convulsion of Spinal Cord ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) between 5 th -6 th Cervical DUE TO (c) Anterior-lateral Asymmetriam II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. attitude of Fetal Head			INTERVAL BETWEEN ONSET AND DEATH 7610
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Verified by X Ray of fetal infant		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)		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 Oct 9, 1953, to Oct 9th, 1953, that I last saw the deceased alive on Oct 9, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Meabauh		23b. ADDRESS M. D. Webster, Groves Mo		23c. DATE SIGNED 10-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/10/53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood 22; Missouri	
DATE REC'D BY LOCAL REG. 10/10/53		REGISTRAR'S SIGNATURE Herbert B. Slonke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood 22, Mo.	

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

William H. Pittenger

Licensed Embalmer No. *4306*

P. O. Address *Kathryn, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.