

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7648**FILED **MAR 16 1954** BIRTH NO. REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		e. STREET ADDRESS (If rural, give location) 627 Woodlawn	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) P. c. (Last) Berger		4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 24 1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumbing Contractor	11. BIRTHPLACE (City and State or Foreign Country) Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse D. Berger	13b. MOTHER'S MAIDEN NAME Mary E. Foster	14. NAME OF DECEASED WIFE Edna D. Berger
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 Mrs. C. P. Berger Mexico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest with Jury: The deceased was found		
	ANTECEDENT CAUSES at his home, in an Automobile, unconscious with revolver near him. He was removed to the Audrain County Hospital attended by Dr. Harry O'Brien. Death occurred about 2:30 P. M.		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. from bullet wound a little posterior and 2" above right ear.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Audrain Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 9, 1954 10:10	21e. INJURY OCCURRED <input checked="" type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gun shot wound

22. I hereby certify that I attended the deceased from **Inquest**, 19 **54**, to **1954**, that I last saw the deceased alive on **Died**, 19 **54**, and that death occurred at **2:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams M. McCord	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 3/9/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 3-10-54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. Mar-9-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Chris Arnold	ADDRESS Mexico, Mo.
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(Licensed Embalmers' 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 35

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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