

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10721

State File No.

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 573

1. PLACE OF DEATH
a. COUNTY St Louis

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Illinois b. COUNTY Monroe

b. CITY (If outside corporate limits, write RURAL and give name of rural locality)
LEMAH

c. LENGTH OF STAY (In this place)
3 WEEKS

c. CITY OR TOWN
Columbia

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
Mt St Rose

e. STREET ADDRESS (If rural, give location)
8120

3. NAME OF DECEASED
a. (First) Alma b. (Middle) _____ c. (Last) Berger

4. DATE OF DEATH
3-4-1954 (Month) (Day) (Year)

5. SEX
Female

6. COLOR OR RACE
white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
May 7 1876

9. AGE (In years last birthday)
77

If UNDER 1 YEAR: Months _____ Days _____
If UNDER 10 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and State or Foreign Country)
Germany

12. CITIZEN OF WHAT COUNTRY?
US

13a. FATHER'S NAME
August Piepenbrink

13b. MOTHER'S MAIDEN NAME
Mary Blume

14. NAME OF HUSBAND OR WIFE
Carl Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
unk.

16. SOCIAL SECURITY NO.
unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Herda Berger Columbia Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease
ANTECEDENT CAUSES
DUE TO (b) Pulmonary Fibrosis & Emphysema
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
Unknown
Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221

20. AUTOPSY?
YES NO

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-1954 to 3-4-1954, that I last saw the deceased alive on 3-2-1954, and that death occurred at 110 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John C. Murphy M.D.

23b. ADDRESS
3720 Washington

23c. DATE SIGNED
3-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
removal

24b. DATE
3-5-54

24c. NAME OF CEMETERY OR CREMATORY
St Pauls

24d. LOCATION (City, town, or county) (State)
Columbia Ill

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
3/6/54 Herbert B. Bonheim

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
F J Schneider Columbia Ill

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

(Licensed Embalmer's Statement on Reverse Side)

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.
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.