

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

FILED OCT 26 1954  
 XC 198 78 74  
 SL #3147

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **35131**  
 Registrar's No. **9225**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>915 N. Grand, St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		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 <b>veterans Administration Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>721 So. Boyle</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PETER</b> b. (Middle) <b>M.</b> c. (Last) <b>BERG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 9 - 1954</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>4/19/96</b>	
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UPHOLSTERER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FURNITURE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EVANSVILLE, INDIANA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>PETER BERG</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA ANNA SCHULTE</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE BERG</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>492-09-8678</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>VA HOSP RECORDS, ST. LOUIS, MO</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				19. MEDICAL CERTIFICATION			
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>CEREBELLAR HEMORRHAGE (LEFT)</b>				INTERVAL BETWEEN ONSET AND DEATH.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <b>HYPERTENSION</b>			
b. ACCIDENT OR POISON				DUE TO (c)			
c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ENLARGED HEART - SEVERE ARTERIOSCLEROSIS</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		<b>331x</b>	
22. I hereby certify that I attended the deceased from <b>10-9-54</b> , 19 <b>54</b> , to <b>10-9-54</b> , 19 <b>54</b> , that I last saw the deceased <del>alive</del> and that death occurred at <b>6:05 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>LEONARD J. KOPP</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>VAH ST. LOUIS, MO</b>		23c. DATE SIGNED <b>10-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 12, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S/S Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 11 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Kriegshausen 4228 S. Kingshighway Bl.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edwin M. Herriott*

Licensed Embalmer No. 30

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.