

XC-UNKNOWN  
SL 4359THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6588

FILED FEB 21 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1355

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY OR TOWN <u>915 North Grand Blvd. St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>25 DAYS</u>	c. CITY OR TOWN <u>EAST ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>630 (Rear) North 60th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>H. VON BERG</u> c. (Last) <u>VON-BERGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-55</u>	
5. SEX <u>MALE 0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 1</u>	8. DATE OF BIRTH <u>2-13-69</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>DANVILLE, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY VON-BERGE VON BERG</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>-NONE ANNA VON BERG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give date or dates of service) <u>YES SPAW</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NEPHROSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>15 YRS.</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"/>			
21a. ACCIDENT OR 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>VA 1-17</u> , 19 <u>55</u> , to <u>2-11</u> , 19 <u>55</u> , and that death occurred at <u>5:45p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. H. HARKINS</u> (Degree or title) <u>0 M.D.</u>		23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	
23c. DATE SIGNED <u>2-11-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Canteen Twsp, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>FEB 14 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. EMBALMER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>E. St. Louis, Ill</u>	

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

*Not Embalmed*

Signed ..... *R. Kurnus Jr*

Licensed Embalmer No. *310*

P. O. Address *E. St. Lau*

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.