

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8611

State File No.

FILED APR 5 1955

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Jefferson		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 town) Rural Joachim	c. LENGTH OF STAY (in this place) (township) 3 Months	c. CITY OR TOWN St. Louis	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 Rose Hill Rest Home		e. STREET ADDRESS (If rural, give location) 4819 Northland Ave. 2069 A	

3. NAME OF DECEASED (Type or Print) a. (First) Rosalie	b. (Middle)	c. (Last) Berglund	4. DATE OF DEATH (Month) (Day) (Year) Mar 22 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov 4, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign-Country) Lawrenceton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Roman Roth	13b. MOTHER'S MAIDEN NAME Bertha Schultz	14. NAME OF HUSBAND OR WIFE Gunnar Berglund
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Kaplan	ADDRESS Rte # 1, Festus, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of breast amp. DUE TO (c) with metastases (bone)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of femur (left)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170 X F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? March
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22. I hereby certify that I attended the deceased from **Jan 29, 1955**, to **Feb 21, 1955** that I last saw the deceased alive on **March 2, 1955**, and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bertha Berglund	(Degree or title)	23b. ADDRESS Festus, Mo	23c. DATE SIGNED 3/23/55
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24a. BURIAL (CREMATION, REMOVAL) (Specify)	24b. DATE Mar 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 3-23-55	REGISTRAR'S SIGNATURE John G. [Signature]	502	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Vanvard Funeral Home, Inc. Festus, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 29 1955

MAR 6 1955

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 *Hild B. Vinograd*

Licensed Embalmer No. *497*

P. O. Address *Festus, Mo*

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.