No. 300
10.48

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17306

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1198

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ballwin
c. LENGTH OF STAY (in this place) 2 yrs 4 mont
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pine Crest Homes for the Aged

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN Overland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2134 N. Warson Rd

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) H c. (Last) BERGER

4. DATE OF DEATH (Month) 5 (Day) 26 (Year) 55

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 22-1877
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 4 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOOD TURNER
10b. KIND OF BUSINESS OR INDUSTRY AM. FIXTURE CO
11. BIRTHPLACE (City and State or Foreign Country) E. ST. LOUIS ILLS
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HERMAN H. BERGER
13b. MOTHER'S MAIDEN NAME BERTHA WALTER
14. NAME OF HUSBAND OR WIFE EMILIE BERGER

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. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME Mrs Stella Thien - ADDRESS 2134 N Warson Overland 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION 4221.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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* APRIL 15, 1955, *to* MAY 26, 1955, *that I last saw the deceased alive on* MAY 25, 1955, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B.R. Loving MD
23b. ADDRESS BALLWIN, MO.
23c. DATE SIGNED 5-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/28/55
24c. NAME OF CEMETERY OR CREMATORY Bethany Cem
24d. LOCATION (City, town, or county) (State) ST Louis Co MO

DATE REC'D BY LOCAL REG. 5/27/55
REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Louis H Bopp Inc ADDRESS Kirkwood Mo

(Licensed Embalmer's 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 303

P. O. Address Kirkwoo

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.