

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. 35457

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2313

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Richmond Heights</u>		c. CITY OR TOWN <u>Warrenton</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>10 min.</u>		e. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7700 block Clayton Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Verne</u> b. (Middle) <u>J.</u> c. (Last) <u>Carlberg</u>	4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>6,</u> (Year) <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27, 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Agency</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Big Stone City, Minn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Carlberg</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Carlberg</u>	14. NAME OF HUSBAND OR WIFE <u>Delia Simmons Carlberg</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>396-09-8993</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. V.J. Carlberg, Warrenton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebral Vascular disease</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
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"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 5, 1955 to Oct 6, 1955, that I last saw the deceased alive on Oct 6, 1955, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald P. Boelchke M.D.</u>	23b. ADDRESS <u>Warrenton, Mo.</u>	23c. DATE SIGNED <u>10-6-55</u>
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24a. DEATH CERTIFICATE NO. <u>10-9-55</u>	24b. DATE <u>10-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-7-55</u>	REGISTRAR'S SIGNATURE <u>Robert L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Nieburg & Co., Warrenton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1955

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A 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 *John Lieburg*.....
Licensed Embalmer No. *389*.....

P. O. Address *Warrenton*.....

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.