RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6739

60-028892
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Penna. b. COUNTY: Westmoreland
c. CITY OR TOWN: Irwin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Locust St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ~~Engeborg~~ Berg; Middle J.; Last Verner

4. DATE OF DEATH: Month July, Day 3, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-6-1891
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Irwin, Penna
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Anders Johnson
13b. MOTHER'S MAIDEN NAME: Emma Johnson
14. NAME OF HUSBAND OR WIFE: Harry J. Verner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 192-12-8100
17. INFORMANT: Kirkwood 22, Missouri Address: H. Grey Verner-1050 N. Dickson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 24, 1960, to July 3, 1960 and last saw her alive on July 3, 1960
Death occurred at 10²⁵ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harvey Walker, Jr. M.D.
22b. ADDRESS: 462 N. Taylor Ave. St. Louis 8, Mo.
22c. DATE SIGNED: 7/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-5-1960
23c. NAME OF CEMETERY OR CREMATORY: Irwin Union Cem.
23d. LOCATION (City, town, or county) (State): Irwin, Penna.

24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mort. Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG.: JUL 5 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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