

AMENDED

Registration District No. 119 Primary Registration District No. 5492 Registrar's No. 32

STATE FILE NUMBER

FILED JUL 7 1961

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richland Twp.

Length of stay in 1b

2 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Farm Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Gasconade

c. CITY

OR

TOWN

Rosebud

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rural Route

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Emma

Middle

Last

BERGER

4. DATE

OF

DEATH

Month

June

Day

26,

Year

1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-4-1879

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Drake, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fritz Pillmeyer

13b. MOTHER'S MAIDEN NAME

Caroline Bunte

14. NAME OF HUSBAND OR WIFE

Karl H. 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.

none

17. INFORMANT

Address

Karl H. Berger - Rosebud, Mo.

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 Accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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

① Osteoarthritis ② Generalized Arthritis

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.

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 12/17/57 to 6/26/61 and last saw her her alive on 6/26/61.Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Shea M.D.

22b. ADDRESS

Gerald. Mo

22c. DATE SIGNED

6/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6-29-1961

23c. NAME OF CEMETERY OR CREMATORY

St. James E & R Cemetery

23d. LOCATION (City, town, or county)

Drake, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home

Owensville, Mo.

25. DATE RECD. BY LOCAL REG.

6-28-61

26. REGISTRAR'S SIGNATURE

Delma Uffelman

Milford H H Wente

(Licensed Embalmer's Statement on Reverse Side)

STATEMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jerry A Thompson, Student Embalmer No. 624
working under my personal supervision.

Student

Jerry A Thompson
Signature of Student Embalmer

Signed

Myrl H White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.