

REC'D JAN 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44073
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 659
(b) Township Cinque Homme Primary Registration District No. 5826
(c) or City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rodger Berkbegler

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo.

13. NAME Valentine Berkbegler

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Luvina Lappe

16. BIRTHPLACE (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Valentine Berkbegler (ADDRESS) Highland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Mo. DATE Dec. 31, 1938

19. FUNERAL DIRECTOR (NAME) Young & Sons (ADDRESS) Perryville Mo.

20. FILED Dec. 31, 1938 Martin Mueckel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938 to Dec 30, 1938

I last saw VM alive on Dec 20, 1938 Death is said

to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Promotunity
7 months duration
Severe 4 days
for birth

Other contributor causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Osbert Lamm, M. D.

(Address) Perryville Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.