REC'D FEB 10 1939

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

910
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 910
(c) City St. Louis (d) Street No. 4017a Flad Ave. 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 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 626 EMMA C. BERGER
(a) Residence, No. 4017a Flad Ave., St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1864

7. AGE: YEARS 74 | MONTHS 9 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
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) (STATE OR COUNTRY) Holstein, Missouri 0

FATHER
13. NAME Julius C. Ruge. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen, Denmark 0

MOTHER
15. MAIDEN NAME Minna Eulenstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Stella E. Miller 4017a Flad Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Feb. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED JAN 30 1939, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 28, 1939
I last saw her alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	—
Other contributory causes of importance:	
Mitral disease	—
Myocarditis chronic	—

Name of operation Non Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify
(Signed) Philip Schenk, M. D.
(Address) 1703 S Grand

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, J Wm Binkley, or by

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

Signed J Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.