

REC'D MAY 10 1939

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

13644  
Do not use this space.Registered No. **3986****1. PLACE OF DEATH**

(a) County..... St. Louis Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No. 6051 Wanda 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 6051 Wanda Ave St. 2 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilda C. Berg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 26 1857</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Packing Clerk</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
FATHER	13. NAME <u>Carl Berg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Ohhelia Aulfsparre</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Hilda C. Berg</u> <u>6051 Wanda Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>May 11 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Petz Brothers</u> <u>3029 Lafayette Ave</u>		
20. FILED <u>APR 30 1939</u>	<u>J. B. Brubaker</u> Local Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939, to April 28, 1939.  
 I last saw him alive on April 28, 1939. Death is said to have occurred on the date stated above, at 2:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Hemorrhage from gastric ulcer  
 Date of onset 4/28/39

Other contributory causes of importance:  
None

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? No  
 If so, specify.....  
 (Signed) Robert S. Nye, M. D.  
 (Address) 3201 Arapahoe

*Do not sign*  
*3201 answers*  
*Jan 3234*  
*Jan - 9542*  
*Auto 3*

**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.....  
*Francis J. Quinn*

Licensed Embalmer No. *2245*

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.**