

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 1003

27031

State File No. \_\_\_\_\_  
 Registrar's No. 6927

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3637 Utah Pl. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 50 years  
 years, months or days)

3. (a) PRINT FULL NAME Joseph Paul Berger 626

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Norma Lemburg 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 25 1876  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Hanover Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired broker

11. Industry or business Grain business

MOTHER FATHER { 12. Name Herman Berger

18. Birthplace Hanover Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Hanover Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Norma Berger

(b) Address 3637 Utah Place

17. (a) Burial (b) Date thereof Aug. 17, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director John Zuguehem & Sons

(b) Address 7027 Gravois Ave.

19. (a) AUG 18 1940 (b) J. Bredeck  
 (Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3637 Utah Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15  
 year 1940 hour 11 minute 11:45 A.M.

21. I hereby certify that I attended the deceased from 8-15-40 to 8-15-40  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca Rectum about 1 yr

Due to Pericapsular 13 yrs

Due to None

Other condition None  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None  
 Of autopsy None

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Philip Schuck (M. D. or other)  
 Address 1703 Grand Date signed 8-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.**