

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 449

Primary Registration District No. 3615

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County LACLEDE  
 (b) City or town OSARE TWP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 (Specify whether  
 In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME LEWIS FREDRICK BERGER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife CLARA LACY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAR 24 1857 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace TUSCARUS CO Ohio (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business SURVEYOR

12. Name SAMUEL BERGER

13. Birthplace BERN SWITZERLAND (City, town, or county) (State or foreign country)

14. Maiden name ANNA M. MARTI

15. Birthplace LUCERN SWITZERLAND (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vicki Burgen (b) Address OAKLAND MO

17. (a) BURIAL (b) Date thereof DEC 9 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MORAVIAN CEMETARY

18. (a) Signature of funeral director PALMER'S

(b) Address LEAVENWORTH MO

19. (a) 1-11-41 (b) John M. Coub (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. OAKLAND MO  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8 year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on 12-1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? Yes

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. A. Denton M.D. (M. D. or other) \_\_\_\_\_

Address Leavenworth Mo. Date signed 12/10

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underlines the cause to which death should be charged statistically.

MOTHER FATHER

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.

RECEIVED

District Health Officer No. 7,

District File Number 2-41-356

Date Filed 2-13-41

---

---

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. 1161

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.