

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

1. X32875 FILED NOV 11 1943

Registrar's District No. 1000 Primary Registration District No. 1000 Registrar's No. 1130

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2607 Monterey
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 65 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2607 Monterey
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry G. Berg
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 19 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 20 _____ hr. _____ min.

9. Birthplace Craig Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Frederick Berg

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

14. Maiden name Francis Berg

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

16. (a) Informant Miss Eva M. Huba

(b) Address 2617 Monterey St. J seph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12, 43
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Sideman
 (b) Address 1802 Union St. J. seph, Mo.

19. (a) 10/12/43 (b) Rose Helgoy
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 9
 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Sept 30
1943 to Oct 9 1943
 that I last saw him alive on Oct 9 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema right lung Duration 2 weeks

Due to Bronchopneumonia 1 week

Due to Arteriosclerosis 5 yrs

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

Major findings: Of operations _____ Of autopsy _____
110A 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 Charles H. Herrell (M. D. or other)
 Address 221 Huntington Bldg. St. Joseph, Mo. Date signed 10-12-1943

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

34910

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

John P. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph, 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, fact should be so stated above.