V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13410

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1946

1003

State File No. 14510

Registration District No. 318

Primary Registration District No.

Registrar's No. 3710

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: None 8414 Church Rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 25 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 8-17

(d) Street No. 8414 Church Rd. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Berg

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olga Berg

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept. 8 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Edward Berg
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louise Meyer
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Olga Berg

(b) Address 8414 Church Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 1946 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethelhem Cem.

18. (a) Signature of funeral director Diedrich F. Hanse

(b) Address 8319 Halls Ferry Rd.

19. (a) APR 23 1946 (Date received local registrar) (b) J. F. Brusick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1946 hour 2 ~~P.M.~~ minute 25 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging when deceased was found hanging from a Clothes hook Due to the attic of his home 8414 Church Rd. on April 21st 1946 Due at about 2:00 PM

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164

Of autopsy

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) Suicide

(b) Date of occurrence April 21st 1946

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury to above

23. Signature Alfred Perry (M. D. or other) 3

Address Cyprus Avenue Date signed 4/23/46

(Licensed Embalmer's Statement on Reverse Side)

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 Ogonoski

Licensed Embalmer No. 3398

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, fact should be so stated above.