

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 534

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:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
 In this community 53 Years (Specify whether 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. 2312 Union St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Berger
 3. (b) If veteran, name war No
 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 Eda A.
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased September 16 1876
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day Third year 1946 hour 5 minute 15 P M.
 21. I hereby certify that I attended the deceased from April 18, 1946 to May Third 1946.
 that I last saw him alive on May Second 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia over 10 days.
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>17</u>	hr. min.

Due to _____
 Due to _____
 Other conditions Pleurisy & Effusion
 (Include pregnancy within 3 months of death)

9. Birthplace Wurtenburg Germany
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Baker (15)

Major findings:
 Of operations _____
 Of autopsy Enlarged spleen
None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Not Known
 13. Birthplace _____ Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace _____ Germany 11
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs L.B. Weckerlin
 (b) Address St Joseph, Mo.
 17. (a) Burial (b) Date thereof 5-6-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cem.
 18. (a) Signature of funeral director Fleeman & Son, Inc.
 (b) Address St Joseph, Mo.
 19. (a) May 9, 1946 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (M.D. or other)
 Address 718 N. 9th Date signed 5/11/46

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

146544

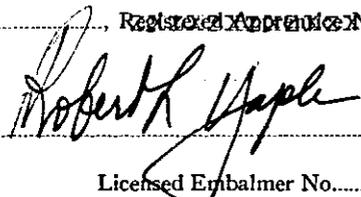
MOTHER FATHER

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 Embalmer No.~~.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3308.....

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.