

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 27 1947  
317

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3470  
Registrar's No. 107

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Lemay, Missouri  
(c) Name of hospital or institution:  
Lemay Nursing Home  
(d) Length of stay: In hospital or institution 1 week  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Isabel G Berg  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gustave A E Berg 6. (c) Age of husband or wife if alive 26 years 1886  
7. Birth date of deceased March 26 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 .18 hr. min.

9. Birthplace Poughkeepsie N Y  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Robert Ferry  
13. Birthplace \_\_\_\_\_ England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Bellestark  
15. Birthplace \_\_\_\_\_ England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustave A E Berg

(b) Address 5415 Christy Blvd., St Louis, Mo

17. (a) Burial (b) Date thereof Jan. 17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation New St. Marcus Cemetery  
HOPPELMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director Joseph L. Jones  
(b) Address 6464 Chippewa, St Louis, Mo

19. (a) 1-20-47 (b) Ruth J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State \_\_\_\_\_ (b) County 000  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5415 Christy Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 14  
year 1947 hour 9 minute 06 A.M.

21. I hereby certify that I attended the deceased from 9-9-46, 1946, to 1-13, 1947  
that I last saw her alive on 1-13, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis  
Due to Ca of sigmoid Colon  
Dec-45  
46

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: no  
Of operations \_\_\_\_\_  
Of autopsy no

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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Joseph L. Jones (M. D. or other) \_\_\_\_\_  
Address 4065-50 [Address] Date signed 1-17-47

Dr Geo Ferris

065 20 Gr.

1-3

FL 3103

JUL 11 1947

JAN 30 1947

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 *Louis C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broad*

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.