V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30544
State File No.

Primary Registration District No. 3008

Registrar's No. 321

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

14
1
2

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4m 13d (Specify whether years, months or days)
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 14
(c) City or town Maplewood "
(If outside city or town limits, write "RURAL")
(d) Street No. 2026 Alameda 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT BERGER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife dk
6. (c) Age of husband or wife if alive dk years
7. Birth date of deceased Oct (Month) (Day) 1865 (Year)

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Cabinet maker
11. Industry or business Furniture
MOTHER FATHER
12. Name dk
13. Birthplace (City, town, or county) 9 (State or foreign country)
14. Maiden name dk
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital records
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Co, Mo.
18. (a) Signature of funeral director Glen G. Mangan
(b) Address 712 Court Fulton Mo.
19. (a) Sept 9. 1947 (Date received local registrar) (b) Joice Mossiekhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1947 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from 9/5/47, 19..., to 9/8/47, 19...; that I last saw him alive on 9/8/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lob. pneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Caldwell (M. D. or other) M.D.
Address Fulton Mo Date signed 9/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 17 1947

OCT 9 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 Theodore Skinner, Jr, Registered Apprentice No. 55, working under my personal supervision.

Signed Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.