

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ 1003

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 203 Wilson Ave. 3  
(If rural, give location)

(e) Citizen of foreign country? No 1  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Berglund

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 11 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	19	hr. min.

9. Birthplace Sweeden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Unk. Johnson

13. Birthplace Sweeden 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Unk. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Berglund

(b) Address 203 Wilson Ave. Kirkwood, Mo.

17. (a) Burial (b) Date thereof 11/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pfzinger Fun. Dir.

(b) Address Kirkwood, Mo.

19. (a) OCI 3-1-1947 (b) J. F. Brebeck  
(Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30  
 year 1947 hour 3:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 13  
Oct 29, 1947, to Oct 29, 1947

that I last saw him alive on Oct 29, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death P. O. Hemiparalysis + shock

Due to Post-stroke - Transient

Due to 137

Other conditions 137  
(Include pregnancy within 3 months of death)

Major findings: Hyper-Post etc

Of operations \_\_\_\_\_

Of autopsy atalectasis

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 Otto J. Michelini (M. D. or other) M.D.

Address 2200 Lind Club Date signed 10/31/47

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

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**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 *W. H. Steinger*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Kirkwood, 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.