

FILED APR 4 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11458  
Registrar's No. 836

317

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 6076		Registrar's No. 836	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis Co.			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur,		4. DATE OF DEATH March 31, 1950.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Hills Dr.,				d. STREET ADDRESS (If rural, give location) Rout #2			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) MARY		c. (Last) BERGLAR.		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1950.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH. Nov. 22, 1904.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME F. Bernard Berglar			13b. MOTHER'S MAIDEN NAME Anna Whelan			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gertrude Behan, Creve Coeur, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bone Carcinoma (2) years duration  ANTECEDENT CAUSES Metastasis-bone cancer Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of spine and pelvis  DUE TO (c) Sec: (2) breast carcinoma removed				INTERVAL BETWEEN ONSET AND DEATH (2) yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION surgically (6) years ago at De Paul Hospital				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 170X (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1/9/1944 to 2/6/1950, that I last saw the deceased alive on 19, and that death occurred at 5:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Signature of Registrar) <i>Hubert S. ...</i>				23b. ADDRESS 3734- Jennings Road.		23c. DATE SIGNED 3/31/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 4-1-50		REGISTRAR'S SIGNATURE <i>Herbert H. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. W. Clark, 1125 Hodiamont Ave.,			

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

4-1-50

4-1-50

4-1-50

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.B. Ternon  
37~~54~~ Jennings Road  
Ev. 1968.

**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 Me

working under my personal supervision.

Student Embalmer No.....

Signed *E. J. Remelick*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.