

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31536

State File No. 7864  
Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>0199</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>4563 N. BROADWAY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAITH HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>4563 N. BROADWAY</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) <b>L</b>	c. (Last) <b>BERGER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 15, 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 3, 1894</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK OF CIRCUIT CT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CITY OF ST. LOUIS</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>HENRY BERGER</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Berger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>WW 1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillian Berger</b>		ADDRESS <b>4563 N. Broadway</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Uremia Coma</b>	ANTECEDENT CAUSES				<b>3 days</b>
DUE TO (b) <b>Acute Uremia</b>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <b>Hypertension, Malignant</b>				<b>7 days</b>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>Ac Cardiac Decompensation</b>				<b>?</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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) _____ (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? <b>HHSX</b>				
22. I hereby certify that I attended the deceased from <b>8-26-1950</b> , to <b>9-15-1950</b> , that I last saw the deceased alive on <b>9-15-1950</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Nicholas J. Stale, M.D.</b> (Degree or title)			23b. ADDRESS <b>3861 St. Louis Ave.</b>		23c. DATE SIGNED <b>9/15/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>SEP 17 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arnold Hulo 2707 St. Louis</b>		

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

*miss*

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gustav W. Dittler*.....

Licensed Embalmer No. *4329*.....

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.