No. 300
10.48

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

17
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FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13297

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 474

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): II05 North 6th, Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): II05 NOrth 6th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle): WILLIAM
c. (Last): BERGER

4. DATE OF DEATH (Month) April (Day) 20 (Year) I953

5. SEX Male
6. COLOR OR RACE Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March, I2, I895
9. AGE (In years last birthday) 58 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewer
10b. KIND OF BUSINESS OR INDUSTRY: Goetz Brewery
11. BIRTHPLACE (State or foreign country): St. Joseph Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Frederick Berger
13b. MOTHER'S MAIDEN NAME: Caroline Mack
14. NAME OF HUSBAND OR WIFE: Mrs. Jane Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World war I navy
16. SOCIAL SECURITY NO.: 49I 09 9I67
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jane Berger
ADDRESS: St. Joseph Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Fibrosis — 3 yrs.

DUE TO (c) Chronic Bronchitis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
5021
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28-52, 19___, *to* 4-20-53, 19___, *that I last saw the deceased alive on* 4-17-53, 19___, *and that death occurred at* 10; A m., *from the causes and on the date stated above.*

23a. SIGNATURE N C Sime (Degree or title) MD
23b. ADDRESS 207 PIS Bldg St Joseph, Mo
23c. DATE SIGNED 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 22, I953
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: April 24, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home
ADDRESS: St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.