

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25705

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1552

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Berkelley</b>		c. CITY OR TOWN <b>Berkelley</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>1 YEAR</b>		e. STREET ADDRESS (If rural, give location) <b>4411 Carson Road</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perm Nursing Home</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>			b. (Middle) <b>Berg</b>			c. (Last) <b>Berg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-1-1954</b>		
--	--	--	-------------------------	--	--	-----------------------	--	--	--	--	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>July 18 1874</b>		9. AGE (In years last birthday) <b>79</b>		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) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <b>Charles Goersch</b>				13b. MOTHER'S MAIDEN NAME <b>Sophia Socha</b>				14. NAME OF HUSBAND OR WIFE <b>William Berg Deceased</b>			
---	--	--	--	---	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>496-36-6636</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Curby Berg 5301 Chippewa St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Complete heart block</b>								<b>1 1/2 years</b>	
		DUE TO (c) <b>Atherosclerotic Heart disease</b>								<b>unknown</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>								<b>unknown</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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?			
---	--	--	--	----------------------------	--	--	--

22. I hereby certify that I attended the deceased from **March 19, 1952**, to **July 1, 1954**, that I last saw the deceased alive on **June 29, 1954**, and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis Littmann MD</b>		(Degree or title)		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>7/2/54</b>	
---	--	-------------------	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>7-5-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>3211 Sublette Ave Mo</b>	
--	--	---------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>7/2/54</b>		REGISTRAR'S SIGNATURE <b>Robert L. Smoker</b>		25. FURNAL DIRECTOR'S SIGNATURE ADDRESS <b>Biegenhein Box 6409 Gravois Ave</b>	
--	--	---	--	--	--

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD PA 7-0202

✓ **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.....  
Signature of Student Embalmer

Signed.....  
*John M. Seymour*

Licensed Embalmer No..... *434*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.