

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19631

State File No.

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1356

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Webster Groves		c. LENGTH OF STAY (in this place) All life	c. CITY OR TOWN Webster Groves
d. FULL NAME OF HOSPITAL OR INSTITUTION 31 Wilshire Terr.		STREET ADDRESS (If rural, give location) 31 Wilshire Terr.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) A.	c. (Last) BERG
4. DATE OF DEATH May 26, 1957		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 6, 1869		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) Webster Groves		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Broderick		13b. MOTHER'S MAIDEN NAME Ellen Brady	
14. NAME OF HUSBAND OR WIFE John H. Berg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary Ada Berg	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Fibillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Heart	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Brain 4331	
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) (Min.)		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 <u>1847</u> , to <u>my death</u> , 1917, that I last saw the deceased alive on <u>May 25, 1957</u> , and that death occurred at <u>2-0</u> m., from the causes and on the date stated above.	
23a. SIGNATURE E. J. Johnson (Degree or title)		23b. ADDRESS 53 W Big Bend	
23c. DATE SIGNED 5/28/57		24a. BURIAL CREMATION REMOVAL (Specify) Removal	
24b. DATE 5-29-57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich	
DATE REC'D BY LOCAL REG. 5-28-57		REGISTRAR'S SIGNATURE Hubert A. Dombrowski	
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich		ADDRESS Webster Groves	

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 *Leslie Walsh*.....

Licensed Embalmer No. *439*

P. O. Address *Wester Grove*

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.