

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013754

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 115-114 Primary Registration District No. 3020 Registrar's No. 136

300
1-57

62
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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marthasville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Length of stay in lb 6 days	d. STREET ADDRESS None
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Anna Middle Charlotte Last Berg			4. DATE OF DEATH Month April Day 23 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 2	8. DATE OF BIRTH Jan. 27, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Herman Hasenjaeger	13b. MOTHER'S MAIDEN NAME Dena Johannaber	14. NAME OF HUSBAND OR WIFE Gus. Berg
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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 Address Wesley Berg, Marthasville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower nephrons nephrosis		INTERVAL BETWEEN ONSET AND DEATH Apr 20-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 2nd and 3rd degree burns of 65% of body	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Her clothes ignited while reaching for heated water on a electric stove and apron touched apron and her hair were burned.
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20c. TIME OF INJURY Hour 10 Month APR Day 17 Year 1958 a.m. 10 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home of daughter	20f. CITY, TOWN, OR LOCATION MARTHASVILLE COUNTY WARREN STATE MISSOURI
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21. I attended the deceased from Death occurred at 1:50 PM on the date stated above; and last saw her alive on APRIL 23 1958 to APRIL 23 1958 and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J.P. Schmidt	(Degree or title) MD	22b. ADDRESS Marthasville, Mo	22c. DATE SIGNED 4-25-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-58	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	23d. LOCATION (City, town, or county) (State) Marthasville, Mo.
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24. FUNERAL DIRECTOR Richard H. Littenberg	ADDRESS Marthasville, Mo.	25. DATE RECD. BY LOCAL REG. 4/26/58	26. REGISTRAR'S SIGNATURE J.P. Schmidt
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert H. Lichtenberg*

Licensed Embalmer No. 4318

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