

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026385

FILED VS JUL 25 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 164

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		a. STATE <u>Mo</u>		b. COUNTY <u>St. Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		Length of stay in 1b <u>4 hrs.</u>		c. CITY OR TOWN <u>Augusta</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>R.R. 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
<u>Hedwig Dorothea Berg</u>				<u>July 16 1960</u>			
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/24/1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home duties</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (City and state or country) <u>Okaville, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rex Herman Pfundt</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Kehlenbrink</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Berg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Oscar Berg Augusta, Mo. R.R. 1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u>						<u>1 yr</u>	
DUE TO (b) <u>H. hypertension</u>						<u>3 yr.</u>	
DUE TO (c) <u>Diabetes</u>						<u>4 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Oct 5, 1956</u> to <u>July 16/60</u> and last saw her alive on <u>July 16/60</u>		Death occurred at <u>3:00</u> p.m. of the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Marthasville mo</u>		22c. DATE SIGNED <u>7/18/60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/19/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Augusta City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Augusta Mo.</u>	
24. FUNERAL DIRECTOR <u>T.J. Pitman</u> ADDRESS <u>909 Pitman Arc. Wentzville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7/20/60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1960

MS
DEC 16 1960

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 Howard Kessel

Licensed Embalmer No. 463

P. O. Address Wentz

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.