

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1524

STATE FILE NUMBER

AMENDED

FILED FEB 16 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 RATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

|  |  |   |  |   |  |  |  |   |  |   |  |
|--|--|---|--|---|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Mo.</u>                |  | Length of stay in 1b<br><u>1 1/2 Months</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY |  | c. CITY OR TOWN <u>St. Louis</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>  |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>3730 Lindell Blvd.,</u>  |  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>STELLA</u> Middle <u>BERG</u> Last   |  |   |  |   |  | 4. DATE OF DEATH<br>Month <u>February</u> Day <u>3rd</u> Year <u>1962</u>  |  |   |  |   |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>2-4-1894</u>  |  | 9. AGE (last birthday)<br><u>67</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Operator</u>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Bell Telephone Co.</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.,</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.,</u>   |  |   |  |
| 13a. FATHER'S NAME<br><u>Charles Berg</u>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Frieda Kaltoller</u>  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Single</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><u>Mr. Edward Berg, 4011a Blair Avenue.</u>   |  |   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>  |  |   |  |   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 hrs</u>                                      |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Subaortic Stenosis</u>   |  |   |  |   |  |  |  |   |  |   |  |
| DUE TO (c) <u>4211</u>   |  |   |  |   |  |  |  |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)<br><u>Generalized Arteriosclerosis</u>  |  |   |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.  |  | Month, Day, Year  |  |   |  |  |  |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input 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.)                  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |  | STATE   |  |   |  |
| 21. I attended the deceased from <u>1959</u> to <u>1962</u> and last saw her/him alive on <u>2-3-62</u><br>Death occurred at <u>3:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Peter W. Kinsella MD</u>  |  |   |  |   |  | 22b. ADDRESS<br><u>3730 Washington</u>   |  |   |  | 22c. DATE SIGNED<br><u>2/5/62</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>2-6-1962</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Friedens Cemetery</u>  |  | 23d. LOCATION (City, town, or county)<br><u>St. Louis, Missouri</u>  |  |   |  |   |  |
| 24. FUNERAL DIRECTOR<br><u>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 5 1962</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>   |  |   |  |   |  |

**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 Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis, 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.