

April 24, 2009

Reference Services
Marriage Records Search
New Jersey State Archives
225 W. State St.
PO Box 307
Trenton, NJ 08625-0307

I am trying to find a marriage record for my husband's father and mother. I do not need an official certified copy. This is for genealogical purposes. Both are deceased.

Her Declaration of Intention paper for Naturalization shows her marriage to her husband took place in Jersey City:

Here is the information with alternate name spellings to watch for.

Bridegroom: Alfred Berger (Burger, Barger?) b. 1889
Bride: Josephine (Josefine) Mary Obadal or Obadahl, b. 1899

The marriage was said to have taken place on Nov. 4, 1924 in Jersey City, NJ. I don't know exactly where they were living at this time, but the bride was in the 1920 census index in NY City.

Hopefully this information will include the application for the marriage certificate as well as the record of the marriage, if possible.

I would appreciate it if you would also check from 1921-1926 if not found in 1924.

Enclosed is a check for \$30.00

Thank you,

Camilla A. Berger
19702 Crestknoll Dr.
Yorba Linda, CA 92886-6406
714-970-1950
cammyberger@sbcglobal.net

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER CHAPTER 9, SUBCHAPTER A, OF THE INTERNAL REVENUE CODE
(FORMERLY TITLE VIII SOCIAL SECURITY ACT)

206 28 52 40

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

EACH ITEM SHOULD BE FILLED IN IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN. WRITE "UNKNOWN"

PLEASE PRINT WITH INK OR USE TYPEWRITER

1. JOSEPHINA
WORKER'S FIRST NAME

Mary Obadal BERGER
MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME, DRAW A LINE) LAST NAME

(MARRIED WOMAN: FOR MIDDLE NAME, GIVE LAST NAME BEFORE MARRIAGE; FOR LAST NAME, GIVE HUSBAND'S LAST NAME)

2. FULL NAME UNDER WHICH YOU WORK, IF DIFFERENT FROM NAME SHOWN IN ITEM 1

3. 1443 Calumet Ave Los Angeles Cal.
WOMEN'S PRESENT HOME ADDRESS (STREET AND NUMBER) (CITY) (STATE)

MARRIED WOMEN: GIVE WIFE'S FULL NAME BEFORE MARRIAGE

8. Com
BUSINESS NAME OF PRESENT EMPLOYER

6. BUSINESS ADDRESS OF PRESENT EMPLOYER (STREET AND NUMBER) (CITY) (STATE)

7. 41 22 Jan 1889 899 Austria
AGE AT LAST BIRTHDAY (DAY OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

10. Anton Obadall
FATHER'S FULL NAME REGARDLESS OF WHETHER LIVING OR DEAD

11. Aloysia Selesky
MOTHER'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD

12. SEX MALE FEMALE (CHECK (X) WHICH)
13. COLOR OR RACE WHITE NEGRO OTHER (SPECIFY)
(CHECK (X) WHICH)

14. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? YES NO
(CHECK (X) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

15. Feb 20 1959
DATE SIGNED APPLICANT'S (DO NOT PRINT) SIGNATURE (FIRST NAME) (MIDDLE NAME) (LAST NAME)
Josephina M. Berger

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL OUT APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

TRIPPLICATE

(To be given to declarant when originally issued; to be made a part of the petition for naturalization when petition is filed; and to be retained as a part of the petition in the records of the court)

UNITED STATES OF AMERICA

DECLARATION OF INTENTION

(Invalid for all purposes seven years after the date hereof)

No. (143593)

IN THE UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA

In the DISTRICT Court of THE UNITED STATES at LOS ANGELES

(1) My full, true, and correct name is JOSEPHINE MARY OBADAL BERGER
(2) My present place of residence is 1443 Calumet Ave., Los Angeles, Calif.
(3) My occupation is Cook
(4) I am 52 years old. (5) I was born on 7/22/1899
(6) My personal description is as follows: Sex Female, color white, complexion fair, blue eyes, height 5 feet 5 inches, weight 156 pounds, visible distinctive marks None, race white, present nationality Czechoslovakian
(7) I am married the name of my wife or husband is Alfred; we were married on 11/4/1924
(8) I have 1 children, and the name, sex, date and place of birth, and present place of residence of each of said children who is living, are as follows: August -M- Born 6/23/1937 in Los Angeles, Calif., resides with me.

(9) My last place of foreign residence was Novon-Meste, Austria
(10) I emigrated to the United States from Bremerhaven, Germany
(11) My lawful entry for permanent residence in the United States was at New York, N.Y. under the name of Josefina Obadal
(12) Since my lawful entry for permanent residence I have not been absent from the United States, for a period or periods of 6 months or longer, as follows:

Table with 6 columns: DEPARTED FROM THE UNITED STATES (Port, Date, Vessel or other means of conveyance) and RETURNED TO THE UNITED STATES (Port, Date, Vessel or other means of conveyance). All cells are empty.

(13) I have not heretofore made declaration of intention; No. on at in the (Name of court)

(14) It is my intention in good faith to become a citizen of the United States and to reside permanently therein. (15) I will, before being admitted to citizenship, renounce absolutely and forever all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which at the time of admission to citizenship I may be a subject or citizen. (16) I am not an anarchist; nor a believer in the unlawful damage, injury, or destruction of property, or sabotage; nor a disbeliever in or opposed to organized government; nor a member of or affiliated with any organization or body of persons teaching disbelief in or opposition to organized government. (17) I certify that the photograph affixed to the duplicate and triplicate hereof is a likeness of me and was signed by me. I do swear (affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief: SO HELP ME GOD.



Handwritten signature of Josephine Mary Obadal Berger

Subscribed and sworn to (affirmed) before me in the form of oath shown above in the office of the Clerk of said Court, at Los Angeles, California this 20th day of February, anno Domini 1951. I hereby certify that Certification No. A 7-439-156 from the Commissioner of Immigration and Naturalization, showing the lawful entry for permanent residence of the declarant above named on the date stated in this declaration of intention, has been received by me, and that the photograph affixed to the duplicate and triplicate hereof is a likeness of the declarant.

[SEAL]

Edmund L. Smith, Clerk U.S. District Court, Southern District of California, Deputy Clerk.

10. **RELATIVES:** Complete required information for those relatives listed below. All other close relatives are to be completed in items 17 and 17A. FULL names are required for all relatives. If not middle name, indicate "NMI." If name is initial only, place the initial(s) within quotation marks. If relative is DECEASED, give last address and month and year of death. If NATURALIZED U.S. citizen, furnish Naturalization Certificate Number, Court and Date. If IMMIGRANT ALIEN, furnish Alien Registration Number and date and place of first and last entry into the United States. If wife and/or mother were previously married, provide the name acquired by previous marriage(s) or subsequent marriage(s).

a. **FATHER:** Berger Alfred NMI
LAST NAME FIRST NAME MIDDLE NAME

PRESENT OR LAST ADDRESS: Camarillo State Hospital, Camarillo, California
NUMBER STREET CITY STATE

DATE OF BIRTH: May 12, 1889 **PLACE OF BIRTH:** Vienna, Austria
MO/DAY/YR CITY STATE

CITIZENSHIP: U.S. **DECEASED:** November 1952
MONTH YEAR

NATURALIZATION INFORMATION: unknown
NUMBER ISSUING COURT DATE (MO/DAY/YR) STATE

IMMIGRANT ALIEN NUMBER: unknown **DATE:** unknown
MO/DAY/YR

DATES OF ENTRY INTO U.S.: **FIRST:** Nov 1909 **LAST:** unknown
MO/DAY/YR MO/DAY/YR

b. **MOTHER:** Obadal Josephine Mary
MAIDEN NAME FIRST NAME MIDDLE NAME

PRESENT OR LAST ADDRESS: 19702 Crestknoll Dr. Yorba Linda California
NUMBER STREET CITY STATE

DATE OF BIRTH: Jan. 22 1899 **PLACE OF BIRTH:** Novo Mesto, Czech.
MO/DAY/YR CITY STATE

CITIZENSHIP: U.S. **DECEASED:** _____
MONTH YEAR

NATURALIZATION INFORMATION: 7213750 U.S. Dist. Court March 26, 1954
NUMBER ISSUING COURT DATE (MO/DAY/YR) STATE

IMMIGRANT ALIEN NUMBER: unknown **DATE:** unknown
MO/DAY/YR

DATES OF ENTRY INTO U.S.: **FIRST:** Nov. 13, 1911 **LAST:** est 1962
MO/DAY/YR MO/DAY/YR

This certifies that the original records and all appropriate indexes in this office have been searched and there is NO RECORD on file for the:

MARRIAGE of JOSEFINE / JOSEPHINE OBADAL / OBADAHL
ALFRED BERGER / BURGER/BARGER

During the period 01/01/1921 thru 12/31/1925

A very careful and exhaustive search failed to reveal any record of the event referred to in the above statement. This means (1) the event did not occur on the date you stated; (2) the report was made under a different name, or (3) the person who should have filed the report failed to do so.

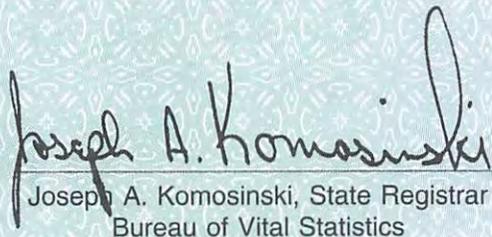
If the information and date you provided for a birth or marriage search was correct, it may be possible to report the event now. **Return this document within six (6) months of receipt**, along with a written request for delayed birth or marriage reporting information to the address listed below. **Please note:** The Bureau of Vital Statistics does not accept delayed reports of death.

New Jersey Department of Health and Senior Services
Vital Statistics - Correction Unit
PO Box 370
Trenton, NJ 08625-0370

Application: 777278 Printed by dpatricella
Request ID: 924428
07/28/2009

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.


Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 05002

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
Josephine		Mary	Berger		May 12, 1985		0200			
3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS	1 YEAR DAYS	IF UNDER 24 HOURS HOURS	24 HOURS MINUTES
Female	White			January 23, 1899		86	YEARS			
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
Czechoslovakia			unk unk - unk			unk unk - unk				
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
U.S.A.		19 TO 19		556-28-5249		Widowed				
15. PRIMARY OCCUPATION			16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS		
Cook			20		Sam Goldwyn			Cooking		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.		19C. CITY OR TOWN		
161 E. Orangethorpe								Placentia		
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
Orange				California		August Berger - Son 19702 Crestknoll Dr. Yorba Linda, CA.				
21A. PLACE OF DEATH				21B. COUNTY						
Gordon Lane Conv. Hospital				Orange						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN						
1821 E. Chapman				Fullerton						
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
IMMEDIATE CAUSE										
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE, LAST.										
(A) Acute pneumonia										
DUE TO, OR AS A CONSEQUENCE OF										
(B)										
DUE TO, OR AS A CONSEQUENCE OF										
(C)										
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION				
Senility										
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		
ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)				LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)						
				28E. TYPE PHYSICIAN'S NAME AND ADDRESS						
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
Investigation					Brad Gates Sheriff-Coroner		Deputy By <i>Wilson</i>		5-14-85	
37. DATE—MONTH, DAY, YEAR			38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE				
Burial May 15, 1985			Holy Cross Cemetery, Culver City, CA.			4641				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Backs-Kaulbars Baggott & Schacht			F 194		<i>J. Rex Schling, M.D.</i>		MAY 14 1985			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$4.00 No Fee Veterans Purposes

MAY 16 1985

J. Rex Schling, M.D.

Santa Ana, California Health Officer and Local Registrar of Births and Deaths of Orange County



CERTIFICATE FOR SINGLE GRAVE



Holy Cross Cemetery

5835 WEST SLAUSON AVENUE, LOS ANGELES, CALIFORNIA

This Certifies that The Roman Catholic Archbishop of Los Angeles, a corporation sole, has received of

MRS. JOSEPHINE M. BERGER

hereinafter denominated plot-holder, whether one or more than one, the sum of

ONE HUNDRED FIFTY AND NO/100----- Dollars (\$ 150.00),

for the right of interment in Grave 1 in Lot 709 in Section H

in Holy Cross Cemetery in Los Angeles County, California, of said plotholder provided, however, anything in this certificate to the contrary notwithstanding, no person not entitled to burial in said cemetery under the laws, regulations and discipline of the Roman Catholic Church to be determined exclusively by the Ordinary of the Archdiocese of Los Angeles shall be buried in said grave; and the use of said grave shall at all times be subject to further conditions, restrictions, reservations, rules and regulations as follows:

- 1. The use of said grave is now and at all times shall be subject to the rules and regulations of said cemetery now existing and/or which may at any time hereafter be adopted either by amendment, alteration or the adoption of new ones.
2. Only one interment will be permitted in the above described grave.
3. The use of said grave is for the named plot-holder or a relative of plot-holder as above stated for interment purposes only and not for resale or profit.
4. In the event of the death of plot-holder, if said grave is not used for interment of plot-holder or the other person, if any, in this certificate first-named, then any and all privileges of plot-holder evidenced by this certificate shall pass to plot-holder's family in the following manner:
(a) If plot-holder shall have filed written instructions at the office of said cemetery as to which member of plot-holder's family shall succeed to the right to use said grave said instructions will be recognized by said corporation sole and will be followed if, in the judgment of said corporation sole, such instructions are definite, reasonable and practicable.
(b) If no written instructions shall have been filed at said office or if such instructions are insufficient or, in the opinion of said corporation sole, faulty and plot-holder has left instructions in a will duly admitted to probate in a court having jurisdiction thereof such instructions shall control provided they are not in conflict with the rules and regulations of said cemetery then in force and provided said corporation sole is furnished proof of the authenticity of such instructions satisfactory to said corporation sole.
(c) In the absence of specific written instructions filed at said office by plot-holder or a duly probated will said corporation sole shall use its own discretion in allowing a member or members of plot-holder's family to use any privilege evidenced by this certificate; and said corporation sole will endeavor, in the exercise of its discretion, to follow the laws of succession of the State of California but shall not be bound by same and shall not in any manner be held liable for error in judgment as to the right of any person to be buried in said grave where no specific written instructions satisfactory to said corporation sole have been furnished as above set forth.
(d) Should plot-holder consist of more than one person then in the event of the death of any person constituting plot-holder and in the absence of specific written instructions satisfactory to said corporation sole signed by each person named as plot-holder and filed at said office the surviving person or persons constituting plot-holder shall succeed to the rights of such deceased.
5. One, but only one, flat marker will be permitted on said grave. The size, material and design of said marker shall be governed by the rules of said cemetery in effect at the time such marker is placed on said grave and shall be subject to the approval of the superintendent of said cemetery.
6. No shrub, tree, plant, flower or anything of similar nature will be allowed to be planted on said grave.
7. A reasonable fee shall be charged for each interment made in said grave, for setting each marker, and for the performance of any other service not expressly otherwise noted; and all work in connection with such service shall, subject to the determination of said corporation sole, be done either by or under the supervision of the superintendent of said cemetery.
8. The enumeration herein of certain conditions, restrictions, reservations, rules and regulations shall not be considered as the only limitations, but all interest and rights of plot-holder and/or any successor in interest of plot-holder enumerated by this certificate are limited by and subject to the rules and regulations governing said cemetery now existing or which may be at any time hereafter adopted either by amendment, alteration or the adoption of new ones.

Dated SEP 5 1952

THE ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES, a corporation sole,

By [Signature] Its duly authorized agent

Holy Cross Cemetery

Los Angeles, California

CERTIFICATE FOR
SINGLE GRAVE

No...5487.....

Issued to

.....JOSEPHINE M. BERGER.....

.....

Recorded in

Volume.....2.....Page No.22.....