MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16205

JUN 29 1927

1. PLACE OF DEATH

County: St Louis — Registration District No. 289 — File No.

Township: Central — Primary Registration District No. 60339 — Registered No. 135

City: — (No. Fairview Av. Castoner Addition St. Ward)

2. FULL NAME: Caroline Berresheim

(a) Residence. No. Fairview Av. Castoner Add Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leopold Berresheim

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/13 - 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	3	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maxwell, Mo

PARENTS

10. NAME OF FATHER: Isidore Lorenz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Mary Redig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Josephine Beach (Address) Fairview Av

15. FILED 5/10, 19 Della Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to May 3, 1927 that I last saw her alive on May 3, 1927, and that death occurred, on the date stated above, at 1:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

92C

97

90B

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) D. P. Wright, M.D.

5-3, 1927 (Address) 2418 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Hope - St Louis County

DATE OF BURIAL: 5/5 1927

20. UNDERTAKER: Meek and Dickman

ADDRESS: 3039 Easton St Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD