WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22773

File No. 6433

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 106 N. 12 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Clarence Bert Jr. Bert

(a) Residence. No. 106 N. 12th St., 23 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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1926

7. AGE: Years | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Olney
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Clarence Bert

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

12. MAIDEN NAME OF MOTHER Leona Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Olney
(STATE OR COUNTRY) Ill.

14. INFORMANT Clarence Bert
(Address) 106 N. 12th St.

15. FILED JUL 1 1927 19 Mary E. Starcroft
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/13/27 19

17. I HEREBY CERTIFY, That I attended deceased from 7/6/27 19, to 7/13/27 19, that I last saw him alive on 7/13/27 19, and that death occurred, on the date stated above, at 9.20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
Primary
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)
(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? Physical Exam.

(Signed) E. E. Eckmann, M. D.
19 (Address) 2901 Big Bend.

*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: Olney Ill.

DATE OF BURIAL: 7/14 1927

20. UNDERTAKER: Croghan Und. Co.

ADDRESS: 7646 Manchester

22773

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No.

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 6433

On this ..... day of ....., 195....., before me appears .....

....., who, upon ..... oath, states that the original record of birth/death

for Clarence Bert, Jr died ~~born~~ 7-13-1927, 19....., in the State of

Missouri, and which was filed at Jefferson City, Missouri on ....., 19....., should be corrected as follows:

Item No. 2 should read Clarence Bert

Instead of Clarence Vert

Item No. 10 should read Clarence Bert

Instead of Clarence Vert

Item No. 14 should read Clarence Bert

Instead of Clarence Vert

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Clarence Bert Inf.

Relationship.

1511 So. 7th Street

Present Address.

Subscribed and sworn to before me this 24 day of May, 1956

My Commission expires 3-4-57 Ewal Paddock Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460

5-22773