OCT 24 1927

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

Do not use this space.

26479

File No.

Registered No. 908

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 1001

Township — Primary Registration District No.

City St. Joseph, Missouri (No. 3042 South 22nd Street St. Ward)

2. FULL NAME Morris Berger.

(a) Residence. No. 3042 South 22nd Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	3	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grocer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Abraham Berger

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

12. MAIDEN NAME OF MOTHER Gertrude Bobbof

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

14. INFORMANT Mrs. Marsha Berger
(Address) 3042 South 22nd Street

15. FILED SEP 7, 1927 — John G. Ott, S.S. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Sept 6, 1927, that I last saw him alive on Sept 5, 1927 and that death occurred, on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Esophagus

109th

Duration 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

Duration yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Finding

(Signed) J. Kenyon, M. D.

9/7, 1927 (Address) 219 Francis Bldg

*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 Shaare Sholem Cem. — DATE OF BURIAL 9-7 1927

20. UNDERTAKER Fleeman-Funeral Home — ADDRESS 1208 Francis

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.