

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

Do not use this space.

29167

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *Central High School*)

File No.....

Registered No. **8758**

St. Ward)

2. FULL NAME

(a) Residence. No. **1105 Forest Av.** St. **4** 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 **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **9/24 1912**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	15	0	5	—

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **High School Student 187 D**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Emile Berner**

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

12. MAIDEN NAME OF MOTHER **Delietta Weindel**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Emile Berner**
(Address) **1105 Forest Av**

15. **OCT -1 1927** **Marek Starostoff**
FILED 19 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 29 1927**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock and Injuries (Internal & crushed body) Building crumbling during windstorm.

CONTRIBUTORY **ACCIDENT.** (SECONDARY)

18. ~~WAS THERE AN OPERATION PRECEDE DEATH?~~ DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **P. J. ...**, M. D.

x, 1927 (Address) **Corcoran**

*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 **Michael** DATE OF BURIAL **10/3 1927**

20. UNDERTAKER **Meek & Dickman** ADDRESS **3039 Easton**

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.

