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.

11185

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3015

City Stlouis Mo (No. 3956, Shaw St. ..... Ward)

2. FULL NAME Philomena Berger

(a) Residence. No. 3956 Shaw St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Harry Berger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 1852

7. AGE: Years 75 Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

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) Cincinatti
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER — Kurwinkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Hattie Hayck
(Address) 3956 Shaw Stlouis Mo

15. FILED MAR 17, 1928 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to March 16, 1928 that I last saw her alive on March 16, 1928, and that death occurred, on the date stated above, at 11:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrhosis of the Liver non alcoholic 1241 ... (duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pernicious Anemia (duration) ..... yrs. 5 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? Labr + Path. findings

(Signed) O C Raines, M. D

3-16, 1926 (Address) 320 Metro 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: Valhalla Crematory
DATE OF BURIAL: 3-19 1928

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand Bd