1 1 1928

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

Do not use this space.

13770

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Valle — Primary Registration District No. 3022 — Registered No. 44
City DeSoto (No. ..... St. 4 Ward)

2. FULL NAME Catherina Berg
(a) Residence. No. 108 E. Clement St., ... 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Berg "deceased"

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1844

7. AGE: 83 YEARS — MONTHS: 4 — DAYS: 6 — 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) Ostenhoffen
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Philip Best
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER [redacted] May Wander
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Mr. Frank Berg
(Address) DeSoto, Mo.

15. FILED 4/30 1928 D. L. Rauzzly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1928

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928 to April 28, 1928 that I last saw her alive on April 28, 1928, and that death occurred, on the date stated above, at 2 45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11 Dr
15 D (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (SECONDARY) Influenza
..... (duration) about ..... mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Her home
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. N. Farrar, M. D
4/30, 1928 (Address) DeSoto Mo.

*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: City Cemetery — DATE OF BURIAL: May 1 1928

20. UNDERTAKER: R. Coxwell & Son — ADDRESS: DeSoto, 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.