

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

Do not use this space.

40156

1. PLACE OF DEATH

County Gasconade  
Township Roads  
City Roads (No. \_\_\_\_\_)

Registration District No. 303  
Primary Registration District No. 5430

File No. \_\_\_\_\_  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ernest Henry Berlemann

(a) Residence. No. \_\_\_\_\_ 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. ✓ da. How long in U.S., if of foreign birth? 54 yrs. ✓ mos. ✓ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 PAULINA BERLEMANN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ✓ hrs. or ✓ min.  
74 4 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓  
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick Berlemann

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

12. MAIDEN NAME OF MOTHER Sophia Schow

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

14. INFORMANT Mrs. Paulina Berlemann  
(Address) Berger Mo

15. FILED 12-16-28 August K. Kikoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 25, 1928, to Dec. 13, 1928  
that I last saw him alive on Dec. 11, 1928, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cirrhosis of Liver  
124 B  
95 B (duration) ✓ yrs. ✓ mos. ✓ da.

CONTRIBUTORY Cardiac Decompensation  
(SECONDARY) (duration) ✓ yrs. ✓ mos. 18 da.

18. WHERE WAS DISEASE CONTRACTED 12-13-28  
IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? ✓ DATE OF 12-14  
WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) W. J. Campbell, M. D.  
12-14, 1928 (Address) New Haven, 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 Gr. St. John's Cemetery DATE OF BURIAL 12/16 1928

20. UNDERTAKER Herman Blumer ADDRESS Berger Mo.

