

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

Do not use this space.

12561

1. PLACE OF DEATH

County..... Registration District No. 301
 Township..... Primary Registration District No. 0002
 City St. Louis (No. 2818) Brannon Ave St. 3087 Ward

2. FULL NAME

Joseph Berner
 (a) Residence. No. 2818 Brannon St. 23 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF~~ Agnes Berner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 7 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 1 year
 (b) General nature of industry, business, or establishment in which employed (or employer) Laborer
 (c) Name of employer Franklin County Missouri

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri

10. NAME OF FATHER Adam Berner

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

12. MAIDEN NAME OF MOTHER Agnes C. C.

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

14. INFORMANT (Address) John Berner 2818 Brannon Ave

15. FILED 11 1929 Mar C. J. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Monday 9, 1929 to Monday 9, 1929 that I last saw her alive on Monday 9, 1929, and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82 A
99 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. clinical exam
 (Signed) Dr. Dehon, M. D.

3/11, 1929 (Address) 2919 S. Kings Hwy St. Louis

*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 DATE OF BURIAL
Memorial Park Cem May 13 1929

20. UNDERTAKER ADDRESS
Kuehshauer Bros. Co. Manchester

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.

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