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

Do not use this space.

38973

791

1003

File No. 11450

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St Mary's Infirmary St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Fred E Berner

(a) Residence. No. 523 Market St., 20 Ward. East St. Louis Ill
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Yard clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Terminal Railroad

9. BIRTHPLACE (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER William J Berner

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

12. MAIDEN NAME OF MOTHER Agnes Esper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Illinois

14. INFORMANT Edward J Berner
(Address) 737 N 52d St

15. FILED 22 NOV 1929 Chas P. Rankin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21- 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-13-29, 19..., to 11-21- 1929, 19..., that I last saw him alive on 11-21- 1929, and that death occurred, on the date stated above, at 1:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
and Typhoid Fever
10 d (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH East St Louis Ill
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Howard D Shukly, M. D.
, 19 (Address) 3115 Bo Gaines

*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 Mt Hope, East St Louis Ill. — DATE OF BURIAL Nov. 23 1929

20. UNDERTAKER Kurrus Undertaking Co H. K. Vogt Bro — ADDRESS East Louis Ill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1929

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