

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

Do not use this space.

2700

1. PLACE OF DEATH

County Ste. Genevieve
Township Ste. Genevieve
R. R. 2 (No.) (Ward)

Registration District No. 780
Primary Registration District No. 6025

File No.
Registered No. 5 (Ward)

2. FULL NAME

Andrew A. Bering
(a) Residence. No. Ste. Genevieve R.R. 2 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 2 15

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

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve 1
(STATE OR COUNTRY) Ste. Genevieve County, Mo 2

10. NAME OF FATHER William Bering

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

12. MAIDEN NAME OF MOTHER Elizabeth Gross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bell
(STATE OR COUNTRY) Missouri

14. INFORMANT Seaf Erass
(Address) Bloomdale Mo

15. FILED Jan 9, 1931 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7th to Jan. 8th, 1931, that I last saw him alive on January 8th, 1931, and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Double Pneumonia
108 (Lobar)
108 (duration) yrs. mos. 3 ds.
CONTRIBUTORY Congested Kidneys
(SECONDARY) (duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. S. Reynolds M.D.
Jan 8, 1931 (Address) Ste Genevieve 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 Bloomdale Cemetery DATE OF BURIAL Jan 9 1931

20. UNDERTAKER J. P. Brinkley (ADDRESS) Bloomdale 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.

FEB 1 1931

