

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

Do not use this space.

**26055**

File No. \_\_\_\_\_

Registered No. **99** \_\_\_\_\_

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 Near City Farmington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alois J. Berenkamp  
 (a) Residence. No. Cape Girardeau, Mo. 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 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 not known by informant  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 0 0

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

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

10. NAME OF FATHER Joseph Berenkamp  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Annie Herring  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Hospital records  
 (Address) Farmington, Mo.

15. FILED 7/17/31 773 J. Robinson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1931

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1931 to July 17, 1931  
 that I last saw him alive on July 16, 1931, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paresis - (General Paralysis of the Insane)  
Partial seizure  
83

(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Partial seizures  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1/2 ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Paracological  
 (Signed) E. F. Hosten M. D.

July 17, 1931 (Address) Farmington, 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 Cape Girardeau Mo DATE OF BURIAL July 20 1931

20. UNDERTAKER Waltherus Mnd Co. ADDRESS Cape Gir.

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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