

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

Do not use this space.

29584

1. PLACE OF DEATH

County St. Louis Registration District No. 771 File No. 8609
Township 2161 Primary Registration District No. East Finlay Ave Registered No. 8609
City St. Louis (Usual place of abode) No. 9 Ward 9 (If nonresident, give city or town and State)

2. FULL NAME

Catherine E. Berblinger
(a) Residence, No. 3161 East Finlay Ave St. 9 Ward. (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 Female 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 Karl F. Berblinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
74 3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

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

FATHER 13. NAME William Berblinger

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

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Karl F. Berblinger
3161 East Finlay Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Aug. 11, 1931

19. UNDERTAKER (ADDRESS) Maple & Son
3161 East Finlay Ave

20. FILED AUG 10 1931 Maple & Son Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 8, 1931

I last saw her alive on Aug 8, 1931. Death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. myocardit.
Prothrombin
93C (hypertens.)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Ch. my. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) J. Studth, M. D.

(Address) 402 1/2 Taylor

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.

THIS IS A PERMANENT RECORD

