

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

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.

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

Do not use this space.
30109

9180

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. City Infirmary) St. Ward)

File No.
Registered No.

2. FULL NAME

Joseph Berger St. 13 Ward.

(a) Residence, No. City Infirmary St. 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 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 Mary Berger
Sarah Heims Berger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 66 5 28 3.0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) April 1915 11. Total time (years) spent in this occupation. 3.0

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

MOTHER 13. NAME Martin Berger

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

15. MAIDEN NAME Sarah Heims

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

17. INFORMANT Martin Berger
(ADDRESS) 6818 Clayton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pines Cem. DATE Aug 31 1931

19. UNDERTAKER Dorelymann Hahnel
(ADDRESS) 1905 Union Blvd

20. FILED UG 31 1931 19 Wm C. Finkley Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to August 29, 1931

I last saw him alive on August 29, 1931. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Bronchopneumonia Date of onset 8/27/31
93C
1077
97
Other contributory causes of importance:
Chronic myocarditis
Arteriosclerosis
Infection of Chr. leg ulcer and lip

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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? no.

If so, specify (Signed) Alfred H. King M. D.

(Address) City Hospital #1
St. Louis, Mo.

