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.

JAN 22 1932

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No. 42102

Township Carondelet Primary Registration District No. 6248B. Registered No. 452

City Jefferson-Barracks, Mo. U.S. Veterans Administration Hospital St. Ward)

2. FULL NAME John G. Berliew

(a) Residence, No. 4242 Margaretta Ave., St., Ward.
(Usual place of abode) St. Louis, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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) Sept. 3, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	35	3	15	

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. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Unavailable.

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

MOTHER

15. MAIDEN NAME Unavailable.

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

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Ill DATE Dec. 20, 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co 7814 So Broadway

20. FILED 12-19, 1931 L. C. Obrock M.D. Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1930, to Decenber 18, 1931

I last saw him alive on December 18, 1931 Death is said to have occurred on the date stated above, at 10:15 a.m. PM

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

	Date of onset
Hepatitis, chronic.	
133A / 33	
174B / 33	

Other contributory causes of importance:

Pyonephrosis, right.

Name of operation Exploratory Incision. Date of 12-14-31

What test confirmed diagnosis? Operative, Physical & Laboratory findings. 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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg.

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.