

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

Do not use this space.

3211

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis Mo*

Registration District No. *791*  
Primary Registration District No. *1003*  
No. *St. Louis Maternity Hosp.*

File No. ....  
Registered No. *982*  
Ward) .....

**2. FULL NAME**

(a) Residence, No. ....  
(Usual place of abode)

St. *12* Ward. *New Orleans Ill*

(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 <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Fred Wm Berneking</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 15 - 1891</i>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
		<i>40</i>	<i>1</i>	<i>13</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>house wife</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>				
	10. Date deceased last worked at this occupation (month and year) <i>Jan. 1932</i>				
11. Total time (years) spent in this occupation <i>23</i>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Ill</i>					
MOTHER	13. NAME <i>Henry Bald</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>				
	15. MAIDEN NAME <i>Bauer Sack</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>				
17. INFORMANT <i>Fred Berneking</i> (ADDRESS) <i>New Orleans Ill</i>					
18. BURIAL? CREMATION, OR REMOVAL PLACE <i>New Orleans Ill</i> DATE <i>1, 30 1932</i>					
19. UNDERTAKER <i>Finger and Co.</i> (ADDRESS) <i>Marion Ill</i>					
20. FILED <i>21</i> 19 <i>Max E. Wampler</i> Registrar.					

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *1-24*, 19*32*, to *1-28*, 19*32*

I last saw h. *W.* alive on *1-28*, 19*32*. Death is said to have occurred on the date stated above, at *5:22* p.m.

The principal cause of death and related causes of importance were as follows:  
*Toxemia of pregnancy*  
*Operation for Toxemia due to Eclampsia from Pregnancy*

Other contributory causes of importance:  
*Laparotomy*

Name of operation *Laparotomy* Date of *1-28-32*

What test confirmed diagnosis? *Labatory* 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 ..... 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) *A. L. Klein*, M. D.  
(Address) *630 S. Kingshighway*

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.

