

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

Do not use this space.

14203

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 14403
 City St. Louis (No. St. John's Hospital) St. 3538 Ward)

2. FULL NAME

(a) Residence No. 1607 Suburban House Ward. 3
 (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 Nora Berglar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1857

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. min.
75 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis

10. Date deceased last worked at this occupation (month and year) April 17, 1932 11. Total time (years) spent in this occupation 7 yrs

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

13. NAME Henry Berglar

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

15. MAIDEN NAME Margaret Lemke

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

17. INFORMANT (ADDRESS) Mrs. Charles Cunningham 5928 E. Julian

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarrs Cem. April 12, 1932

19. UNDERTAKER (ADDRESS) Joe W. Clark 1215 Woodson Ave

20. FILED APR 11 1932 W. E. Hart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to Apr 9, 1932
 I last saw him alive on April 8, 1932. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Apr 12/32

Other contributory causes of importance: None

Name of operation none Date of no
 What test confirmed diagnosis? clinical 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 no
 (Signed) W. E. Hart M.D.
 (Address) 608 Kingsland Ave

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

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6-11-1957