

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

Do not use this space.

18171

**1. PLACE OF DEATH**

County.....*St. Louis*..... Registration District No. *701*  
Township.....*Mississippi*..... Primary Registration District No. *1003*  
City.....*St. Louis* (No. *Mississippi* *Just Courthouse* Ward) Registered No. *5149*

**2. FULL NAME**

*Edward Berg*  
(a) Residence, No. *5652* *St. John* St., *6* Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *19* yrs. mos. ds. How long in U. S., if of foreign birth? *19* 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 *May Berg*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 3 - 1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*24* *7* *24*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocery meat*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Food - 16 5/8*  
10. Date deceased last worked at this occupation (month and year) *May 2-32* 11. Total time (years) spent in this occupation *10 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

MOTHER 13. NAME *Alex Berg*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

15. MAIDEN NAME *Beckie - Deutch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

17. INFORMANT *Joe Berg*

(ADDRESS) *5722 1/2 Latadie Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Church Kadisha* DATE *May 28* 19*32*

19. UNDERTAKER *Oxenhandler Funeral Directors*

(ADDRESS) *1446 1/2 Washington St*

20. FILED *May 28 1932* Registrar

**MEDICAL CERTIFICATE OF DEATH**

*Found dead*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May - 27* 19*32*

22. I HEREBY CERTIFY, that I attended deceased from *Not Physician Attendant* 19*32* to 19*32*

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *6:30* p. m.

The principal cause of death and related causes of importance were as follows:  
*Asphyxiation due to drowning caused by Boat capsizing in Miss. Riv. Accidental*

Other contributory causes of importance:  
*183 (circled) 7 (circled)*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Accident* Date of injury *5-27-1932*

Where did injury occur? *Mississippi River*  
(Specify city or town, county, and State)

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

Manner of injury *Fall - River*

Nature of injury *bruise*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) *J. W. Ferner*, M. D.

(Address) *520 3/2 Sep. Courthouse*

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.

