

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

Do not use this space.

30437

1. PLACE OF DEATH

County..... Registration District No. *61280*
Township..... Primary Registration District No. *Central Hospital*
City *St. Louis* (No. *Central Hospital*)

File No.....
Registered No. **8094**
St. Ward

2. FULL NAME

William C. Berhardt
(a) Residence, No. *2721 Sherman St.* *23* Ward.
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June-28-1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 6

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

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

FATHER 13. NAME *Wm Berhardt*

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

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Esther Berhardt* (ADDRESS) *2721 Sherman St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *West of Warren* DATE *9-7-32*

19. UNDERTAKER *Ziegenfuss Bros.* (ADDRESS) *2721 Sherman St.*

20. FILED *SEP-6 1932* *Wm C. Berhardt* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-4*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 3*, 19*32* to *Sept 4*, 19*32*

I last saw *him* alive on *Sept 4*, 19*32*. Death is said to have occurred on the date stated above, at *7:45* a.m.

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

Acute nephritis Date of onset *9/2/32*

1213
130 / *121*

Other contributory causes of importance: *Acute Appendicitis* *9/2/32*

Name of operation *Appendectomy* Date of *9/2/32*
What test confirmed diagnosis? *Chinoid* 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..... *(D)*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *John P. Stoyan* M. D.
(Address) *1213 Sherman St. St. Louis*

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.

WRITE COMPLETELY WITH OUTFOLDING INSTRUMENTS AS A PERMANENT RECORD

