

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

Do not use this space.

42308

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 4003  
City: St. Louis (No. 4900 Lindell Bldg)

File No. ....  
Registered No. 11439  
St. .... Ward)

**2. FULL NAME**

Frank H. Berhart  
(a) Residence, No. .... St., 12 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 Stella Berhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 5 23

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

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

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) St. Louis 1

13. NAME Peter B. Berhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland 2

15. MAIDEN NAME Octavia Flandorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

17. INFORMANT Mr. Stella Berhart  
(ADDRESS) 4900 Lindell Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarray DATE Dec 24, 1932

19. UNDERTAKER Arthur J. Downey, 2039  
(ADDRESS) St. Louis

20. FILED DEC 23 1932 Mer. Osterley  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 21, 1932

I last saw him alive on Dec 21, 1932 Death is said

to have occurred on the date stated above, at 10:50 a.m.

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

Central thrombosis  
sup. vena cava origin Atherosclerosis

Other contributory causes of importance:  
Senile - Venous - Arterial Sclerosis Spleen

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no

If so, specify \_\_\_\_\_

(Signed) Lucius H. Babers, M. D.

(Address) 19220 Broadway

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.

