

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

Do not use this space.

42512

1. PLACE OF DEATH

County..... Registration District No. 14901
 Township..... Primary Registration District No. SIXES
 City St. Louis Mo. (No. 4036, McPherson Ave. St. _____ Ward _____)

File No. _____
 Registered No. 11653

2. FULL NAME

Mrs. Sumner O. Berkenes
 (a) Residence, No. 4036 McPherson Ave. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O. Berkenes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Norway</u> <u>14</u>		
13. NAME <u>J. Afdal</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norway</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>21</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Larson</u> <u>4034 McPherson Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linwood Park Cem.</u> DATE <u>Dec. 28</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Shawley</u> <u>4355 Washington Blvd.</u>		
20. FILED <u>DEC 28 1932</u> <u>Wm. C. Moran</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from about Sept 5 1932, to December 26 1932.
 I last saw him alive on December 26 1932. Death is said to have occurred on the date stated above, at 3:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Stroke
Endocarditis, Mitral Insufficiency
Pulmonary Edema
 Other contributory causes of importance:
Pulmonary Edema

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 None 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
See History

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify _____
 (Signed) Wm. C. Moran, M. D.
 (Address) 5143 Maple Avenue

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.

