

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

Do not use this space.

42606

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **10183**
 City **St. Louis** (No. **City Hospital**)

File No.
 Registered No. **11749**
 St. Ward)

2. FULL NAME

(a) Residence, No. **402 So. 2nd St. 25** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1865				
7. AGE	YEARS 67	MONTHS 5	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. Laborer			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2nd			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27 1932**
 22. I HEREBY CERTIFY, That I attended deceased from **Dec. 13 1932** to **Dec. 27 1932**
 I last saw him alive on **Dec. 27 1932** Death is said to have occurred on the date stated above, at **1:40 P.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Bright blue
hypertensive heart disease
chronic myocarditis
18
 Other contributory causes of importance:
Urinary lithiasis
9 spots of ur-scrotum
Monococcus virus
 Name of operation **urethrotomy** Date of **12-13-32**
 What test confirmed diagnosis? **clinical** Was there an autopsy? **No.**

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany ¹⁰
	13. NAME John Berg
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Anne Kandel
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT (ADDRESS) City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 12-30 32	
19. UNDERTAKER (ADDRESS) W. Richter 3100 Ontario	
20. FILED DEC 30 1932 Registrar W. Starling	

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?
 If so, specify **City Hospital** (Signed) **Dr. Macnish**, M. D. (Address) **City Hospital**

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.

