

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.

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

Do not use this space.

13708

1. PLACE OF DEATH

County Franklin
Township Center
City Edina (No. _____)

Registration District No. 441
Primary Registration District No. 4259

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1848
7. AGE YEARS 85 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
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) Whiting Virginia, Rulbar paralytic

13. NAME Enos Berberich Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Europe

15. MAIDEN NAME Enos Fox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Europe

17. INFORMANT Enos Berberich

18. BURIAL, CREMATION, OR REMOVAL St. Joseph

19. UNDERTAKER L. B. Kelly

20. FILED 4-21-1933 Mrs. C. M. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1931, to 4-20, 1933

I last saw him alive on 4-20, 1933 Death is said

to have occurred on the date stated above, at 2:45 A.M.

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

Date of onset

arteriosclerosis 47 2 yrs

81 A 81

Other contributory causes of importance:

1 day

Name of operation none 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? _____ 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) Fredrick J. Schmidt, M.D.

(Address) Edina, Mo.

