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.

NOV 10 1933

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

Do not use this space.

34469

File No.

Registered No. 8608

1. PLACE OF DEATH

County St. Louis — Registration District No. 791

Township — Primary Registration District No.

City St. Louis (No. 500, S. Kingshighway St. Children's Hosp. St. Ward)

2. FULL NAME Henry Berner

(a) Residence, No. 9700 S. Broadway St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-4-25

7. AGE: Years 7 | Months 11 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Mo

FATHER

13. NAME: Berner Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

MOTHER

15. MAIDEN NAME: Minnie Demmer

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

17. INFORMANT (ADDRESS): M. Smith, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Olive Cem. DATE: Oct 4 1933

19. UNDERTAKER (ADDRESS): C. Hoffmeyer No 2 Co, 7917 Gravois

20. FILED: Oct 3 1933 19 — J. H. Biedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-1-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933, to Oct 1 1933

I last saw him alive on Oct 1 1933. Death is said to have occurred on the date stated above, at 6:30 P. m.

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

	Date of onset
1) Diphtheria Pharyngeal Nasal Tonsillar	9/25

Other contributory causes of importance:

10

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) James D. McKinney, M. D.

(Address) 500 S. Kingshighway