MAY 25 1934

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

Do not use this space.

15082

File No. 4295
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis Mo. (No. 5724 Reber Place St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Florence Berger

(a) Residence, No. 5724 Reber Place St., 13 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: female
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 Earl Berger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18-1915

7. AGE: Years 19 | Months 3 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Arthur Stender
14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Dorothy Heide
16. BIRTHPLACE (CITY OR TOWN) Wyoming
(STATE OR COUNTRY)

17. INFORMANT Mr Arthur Stender
(ADDRESS) 5724 Reber Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park Cem DATE April 28 1934

19. UNDERTAKER E. J. Schmuck
(ADDRESS) 3125 Lafayette Av.

20. FILED APR 28 1934 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
(1); Pulmonary Infarcts	
(2); Pulmonary Pleural Effusion	
(3); Endocarditis	
(4); Chronic Nephritis	

Other contributory causes of importance:

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? .....
If so, specify .....

(Signed) Carol [illegible] M. D.
(Address) [illegible]
4/27/34

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.