

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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township North
City St. Louis (No. 5866)

Registration District No. 791
Primary Registration District No. 1003

File No. 25833
Registered No. 7062
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 917 Lyned 23 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Berg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1877

7. AGE YEARS 55 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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.

13. NAME Fred Berg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm. J. Berg

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE July 18 34

19. UNDERTAKER (ADDRESS) Frederick Bros

20. FILED 16 19 34 Jo J. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1934

22. I HEREBY CERTIFY That I attended deceased from 7/12 1934 to 7/15 1934

I last saw him alive on 7/15 1934. Death is said

to have occurred on the date stated above, at 7:35 a.m.

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

Hypertensive Heart Disease
9542

Other contributory causes of importance:

Generalized arteriosclerosis
chronic thrombosis of the
left ventricle, cerebral thrombosis

Name of operation _____ 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? _____

If so, specify _____

(Signed) W. J. Mattheis _____, M. D.

(Address) City of St. Louis

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