

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

Do not use this space.

MAY 21 1935

11961

1. PLACE OF DEATH

County..... Buchanan Registration District No. 80
Township..... Primary Registration District No. 1001
City..... St. Joseph, (No. 407 No. 6th. St. St. Ward)

File No.
Registered No. 590

2. FULL NAME

Elizabeth Berger

(a) Residence, No. 407 No. 6th. St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian Berger		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1863		
7. AGE	YEARS	MONTHS
	71	9
		14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.		
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) Bern, Switzerland		
13. NAME John Haehlen		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switz.		
15. MAIDEN NAME Anna Miller		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switz.		
17. INFORMANT (ADDRESS) Mrs. Joseph Eggert St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Apr. 4, 1935		
19. UNDERTAKER (ADDRESS) Walter Meluhoffe 1302 Faraon St. St. Joseph, Mo.		
20. FILED 4-2-1935 J. W. R. Register Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from
Mar 28 1935 to April 2, 1935
I last saw h. ~~EX~~ alive on April 1, 1935 Death is said to have occurred on the date stated above, at 1.35 P. M. A. M.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Bright Disease
Internals (Heart) not
Age
House Work
Date of onset: 107 1/2

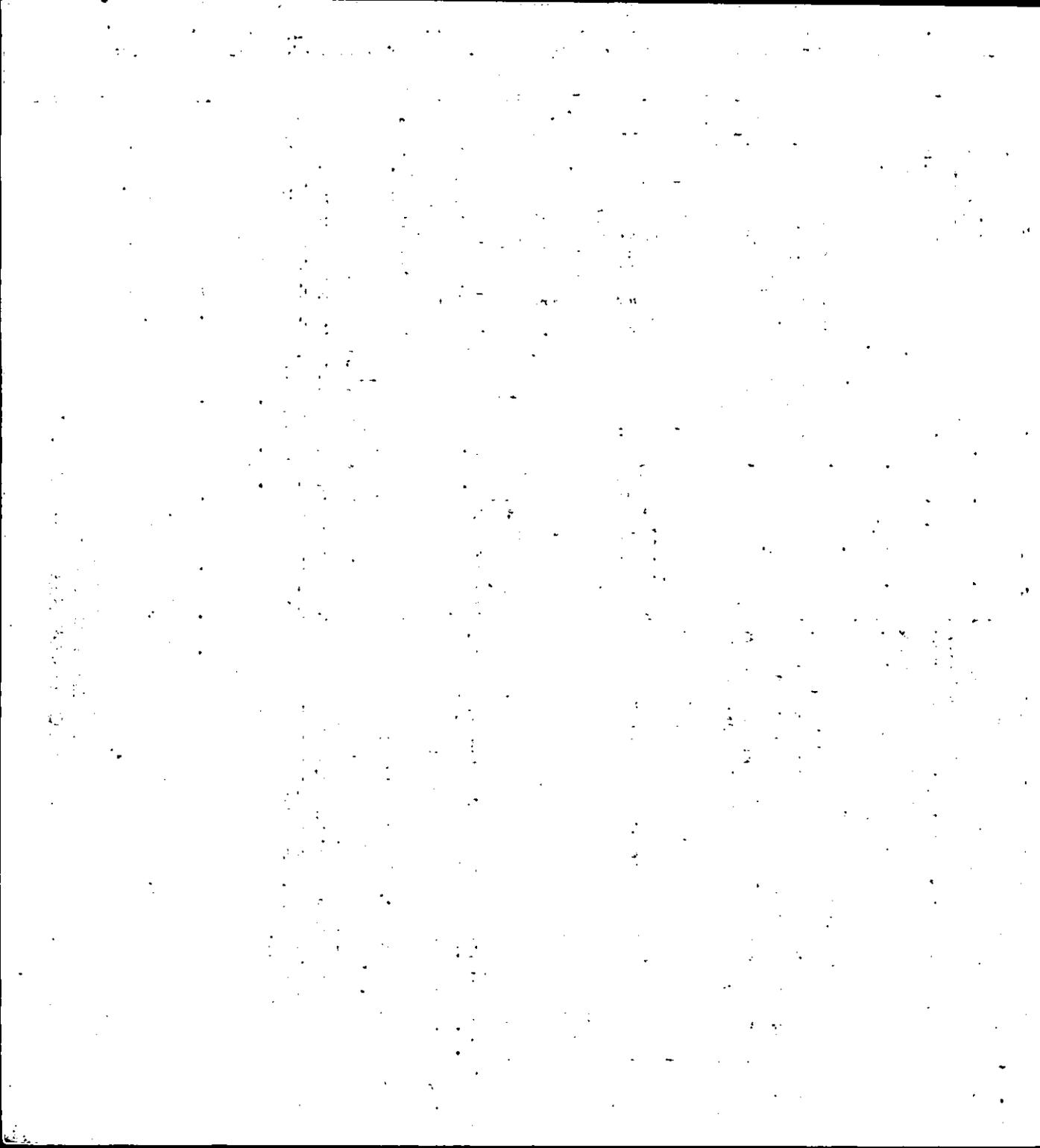
Other contributory causes of importance:
Name of operation: House Work Date of: _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Charles Leiges, M. D.
(Address) 701 Faraon St. St. Joseph, Mo.

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.

RECORD WITH CHARGES THEREON, THIS IS A PERMANENT RECORD



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

ALL Do not use this space.
FOR INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY DM
File No. _____
Registered No. 390
St. _____ Ward _____

1. PLACE OF DEATH

County Puechonan
Township _____
City _____ (No. _____)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME

Elizabeth Berger

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____ of spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 6-13-35 John R. Bender Registrar
6-28-35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute
Bright's disease
acute exacerbation
Date of onset _____

Other contributory causes of importance:

Intermittent heart
endocarditis acute
acute exacerbation

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) _____, M. D.

(Address) _____

NOTE: 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.

JUN 10 1935

JUN 28 1935

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