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.

38195

DEC 20 1935

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160
Township ~~Central~~ — Primary Registration District No. 4476
City University City, Mo. No. 7541 Lynn Ave., St. ..... Ward)

File No. .....
Registered No. 122

2. FULL NAME John J. Berlo,
(a) Residence, No. 7541 Lynn Ave., St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1872.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Ohio

FATHER
13. NAME John Berlo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Gertrude Baumman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Laura Berlo
(ADDRESS) 7541 Lynn Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE Nov. 7, 1935

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED Nov. 6, 1935 Lena V. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Nov 4, 1935
I last saw him alive on Nov 2, 1935. 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:

	Date of onset
Endocarditis (Chronic)	5 yrs.
Myocarditis (Chronic)	

Other contributory causes of importance:
Dropsy
Hypertension

Name of operation None. Date of
What test confirmed diagnosis? Physical Exp. 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?
If so, specify
(Signed) C. E. Sterling, M. D.
(Address) 8205 Mo. State Bd. St. Louis Co. - Mo.

Dr. C.E. Sterling,
2205 N.& S. Road,
Wabash I75I.