

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

Do not use this space.

FEB 24 1936

2778

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Maplewood

Registration District No. 786  
Primary Registration District No. 4469  
No. 3625 Oxford Ave

File No. ....  
Registered No. 2  
St. .... Ward

2. FULL NAME

(a) Residence, No. 3625 Oxford St., Ward. Maplewood  
(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 7 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 0 21

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) Germany

13. NAME ? Gerhart

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

15. MAIDEN NAME ?

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

17. INFORMANT Miss Viola Berg (ADDRESS) 3625 Oxford

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Catholic DATE 1-22-36

19. UNDERTAKER Louis H. Bopp (ADDRESS) 1212 North 1st St

20. FILED Feb 10 1936 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 16, 1935, to Jan. 19, 1936

I last saw her alive on Jan. 19, 1936 Death is said

to have occurred on the date stated above, at 7:45 m.

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

Myocarditis chr

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis Emp E 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 W. Wagnersbach (Signed) ....., M. D.

(Address) 4738 E. 11th

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.

