

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

Do not use this space.

OCT 21 1936

39131

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **4926-Robert** en route, City Hosp. #1, St. Ward)

File No. **10162**
 Registered No.

2. FULL NAME Mary Berger

(a) Residence, No. 4926 Robert Ave. St. 2 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 **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 11, 1895**

7. AGE YEARS **40** MONTHS **10** DAYS **26** If LESS than 1 day, hrs. or min.

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. **At home**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Shelby** (STATE OR COUNTRY) **No. Carolina**

FATHER 13. NAME **----- Eskridge**
 14. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **not known**
 16. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY)

17. INFORMANT **Edward Berger** (ADDRESS) **4926 Robert Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. P.** DATE **Oct. 9, 1936**

19. UNDERTAKER **J.L. Ziegenhein & Sons** (ADDRESS) **7027 Gravois Ave.**

20. FILED **OCT 8 1936** **J. Kredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6** 19**36**

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..... **7:45 P.**

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

Extensive Subdural Hemorrhage of Brain, right side: (traumatic) Alcoholism.

manner & cause of same could not be ascertained.

Other contributory causes of importance:

195

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? **Open Vein** Date of injury..... 19.....
 Where did injury occur?..... (Specify city of 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) **J. Kredeck**, M. D.
 (Address) **St. Louis, Mo.**

10/8/36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If exact date of birth is not known, state nearest date. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

