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

JAN 10 1937

1. Do not use this space.

46377

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12164

City ST LOUIS. (No. 5079 ENRIGHT AVE St. ..... Ward)

2. FULL NAME EMMA STORCH BERIE

(a) Residence, No. 5079 ENRIGHT St., 12 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)
FEMALE	WHITE	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 9 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	3	0	

OCCUPATION

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) MO.

FATHER

13. NAME STORCH

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT PETER. BERIE
(ADDRESS) 5079 ENRIGHT AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CREMATORIE DEC 12 1936

19. UNDERTAKER LARRY MULLEN
(ADDRESS) 5165 DELMAR BLVD.

20. FILED 12/14/36 19..... J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 36, 19..., to to Dec 9th, 36, 19...
I last saw her alive on Dec 9th, 19 36 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rt breast with metastasis to thoracic viscera	/1/36
Other contributory causes of importance: Myocarditis	1934

50

Name of operation XX 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? no Date of injury ....., 19...
Where did injury occur? 5079 Enright, St. Louis, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify no

(Signed) M. G. Gow, M. D.
(Address) 5249 Raymond, St. Louis, Mo

Dr. M J Yorin
5249 Raymond
So 4449
12-2
6-8