

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

St. Louis

County

Jefferson

City Richmond Heights

(No.)

Registration District No. 1170

Primary Registration District No. 6248-H.

St. Marys Hospital

File No.

8958

Registered No.

60

St.

Ward)

2. FULL NAME

JOHANNA BERKLEY

(a) Residence, No.

3853 Maffitt Avenue

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Thomas H. Berkley

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

May. 1, 1872

7. AGE

YEARS

64

MONTHS

9

DAYS

15

IF LESS than 1
day,hrs.
ormin.

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis

Mo.

13. NAME

Not Known

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

England

15. MAIDEN NAME

Not Known

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

England

17. INFORMANT

Thomas H. Berkley

(ADDRESS)

3853 Maffitt Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE Feb. 20, 1937

19. UNDERTAKER

Math. Hermann & Son

(ADDRESS)

2161 East Fair Avenue

20. FILED

FEB 18 1937

Sam A. Bassett

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Apr 29 - 1929, to Feb 16, 1937

I last saw her alive on Feb 15, 1937. Death is said

to have occurred on the date stated above, at 8:20 A. M.

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

Date of onset

Uremia - 131

Feb 13-37

Other contributory causes of importance:

chr. Interstitial nephritis
Hypertension
arterio-sclerosis

8 yrs +

Name of operation

no

Date of

What test confirmed diagnosis? Cl. Autopsy there an autopsy? Yes

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)

Albert J. Mates, M. D.

(Address) 2743 No Grand Bl.

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.

