

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo.

Registration District No.

Primary Registration District No.

(No. City Infirmary / 1003)

File No.

Registered No.

St. Ward)

9947

2507

2. FULL NAME

Emil Berns

(a) Residence, No.

5800 Arsenal

St.

13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Divorced

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

Theresa Berns

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

June 7, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73826

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

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(Insurance)

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)

xxxxix? Millstadt Ill.

13. NAME

Theodore Berns

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

? Illinois ?

15. MAIDEN NAME

Susan? Kreher

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

? Missouri

17. INFORMANT (ADDRESS)

J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 3/5/36

19. UNDERTAKER (ADDRESS)

Allen W. McLaughlin 2301 Lafayette Ave.

20. FILED

MAR 4 1937J.F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 193722. I HEREBY CERTIFY, That I attended deceased from December 21, 1933 to March 3, 1937I last saw him alive on March 3, 1937 Death is said to have occurred on the date stated above, at 1:45 A.M.

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

CHRONIC MYOCARDITISCONGESTIVE HEART FAILURE

Other contributory causes of importance:

ARTERIOsclerosis, GeneralizedHypertrophy of prostate, benign

Name of operation..... 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?..... 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) Lothay M. D.(Address) 5600 Arsenal

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.

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