APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No. 13678
Township Jefferson — Primary Registration District No. 6248-H — Registered No. 85
City Richmond Heights (No. 6410, Clayton Ave St. Ward) — St. Mary's Hospital

2. FULL NAME EMMA A BERG
(a) Residence, No. 6118 ALABAMA AV Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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 GEORGE-BERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1901

7. AGE — YEARS 35 — MONTHS 6 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) MARCH 5-1937
11. Total time (years) spent in this occupation 15

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

FATHER
13. NAME GEORE BEIRIGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME EMMA TOENNIGES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) GEORGE BERG 6118 ALABAMA AV

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Peter & Paul DATE Mar 29-37

19. UNDERTAKER (ADDRESS) Henry L Weidenmuller 6203 Gravois ave

20. FILED March 27 1937 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 26, 1937
I last saw her alive on March 26, 1937 Death is said to have occurred on the date stated above, at 8.45 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis (Acute)	3/9

Other contributory causes of importance:
Septic Pneumonia
Splenic Infarcts
Cerebral Embolism

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Culture Was 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? No
If so, specify .....
(Signed) Vincent J. LaPiccolo, M. D.
(Address) 626 Metropolitan Bldg

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.

To Record
508 No 2