

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

Do not use this space.

1. PLACE OF DEATH **8-1937**

County.....

Registration District No.....

**791
1003**

File No.....

21906

Township.....

Primary Registration District No.....

Registered No.....

5658

City **ST. LOUIS** (No. **ST. Josephine Hosp.**)

St. Ward)

2. FULL NAME **Joseph Berie**

(a) Residence, No. **2607 - California** 23 Ward. (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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9/1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	55	10	28	

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

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) **Germany**

13. NAME **Jacob Berie**

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

15. MAIDEN NAME **Katherine Kauth**

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

17. INFORMANT **Josephine M'Connell** (ADDRESS) **Chicago, Ill.**

18. BURIAL CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **6-10-37**

19. UNDERTAKER **Witt Bro. & Co.** (ADDRESS) **229 S. Jefferson Ave.**

20. FILED **JUN 8 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 2, 1937, to June 7, 1937**

I last saw him alive on **June 7, 1937**. Death is said to have occurred on the date stated above, at **10** a.m.

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

Sepsis of left leg
and cellulitis of right
Results of injury to foot while
cutting toe nails
Other contributory causes of importance
Generalized Sepsis

Date of onset **6-3-37**

Name of operation Date of

What test confirmed diagnosis? **no** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **Accident** Date of injury **June 2, 1937**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In home**

Manner of injury **Cutting of toe nails**

Nature of injury **Paronychia**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **J. Paul New** M. D.

(Address) **2716 Gravois**

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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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