

WRITE PLAIN INK WITH UNLOADING 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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. Lutheran Hospital) St. _____ (Ward)

File No. **25480**
Registered No. **6654**

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. House Springs Mo.
(Usual place of abode) Kansas City Mo.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 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) 7-6-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 2

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

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) St. Louis Mo

13. NAME Joseph E Berger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Amanda Gillman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) House Springs Mo

17. INFORMANT Joseph E Berger
(ADDRESS) House Springs

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Lutheran DATE 7-12-1937

19. UNDERTAKER Heiltag Funeral Home
(ADDRESS) House Springs Mo

20. FILED JUL 10 1937
Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to July 8, 1937.
I last saw h. alive on July 8, 1937. Death is said to have occurred on the date stated above, at 6:46 P.M.

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

Fatal Pneumonia Pt. (Pneumococcus)
(Pneumococcus)

Full term

Other contributory causes of importance: 100

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Victor H. Koepfer, M. D.
(Address) 3805 So. Broadway

