

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32806

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **8860**
 (c) City St. Louis, Mo. (d) Street No. 3425 S. Jefferson Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Olga F. Berg

(a) Residence, No. 3425 S. Jefferson Avenue St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mr. Arthur F. Berg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
 9. Industry or business in which work was done, as 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, Missouri

FATHER 13. NAME Henry Franke

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

MOTHER 15. MAIDEN NAME Friedericka Rathert

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

17. INFORMANT (ADDRESS) Arthur F. Berg
3425 S. Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Sept. 23, 1937

19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED SEP 23 1937 19 J. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Chronic Myocarditis.

Arterio-sclerosis.

Other contributory causes of importance:

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? No
 If so, specify

(Signed) Joseph M. Quinn M.D.

(Address) Deputy Coroner

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.

10-1-8992

STATEMENT BY LICENSED EMBALMER.

I, Euday, Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... I. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Euday
Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)