OCT 26 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. 789 — File No. 35260
Township ~~Normandy~~ Central — Primary Registration District No. 6033 — Registered No. 266
City ~~Pine Lawn~~ (No. 3718 Jennings rd. St. Ward)

2. FULL NAME Baby Berglar
(a) Residence, No. Clayton, Mo. St., Ward.
(Usual place of abode) (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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-37

7. AGE: YEARS still born; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --
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) Pine Lawn, Mo.

FATHER
13. NAME ~~Francis Bernard Berglar~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, R.R. #1, Mo.

MOTHER
15. MAIDEN NAME Elaine Marie Bechtold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.

17. INFORMANT (ADDRESS) Francis Bernard Berglar Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9/13/37 19

19. UNDERTAKER (ADDRESS) J. W. Clark Und. 1125 Hodiamont

20. FILED 9/13/ 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/11/37 19 to 9/11/37 19
I last saw h still born. alive on 11:30 AM. 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Still born, about full term, etiology, maternal gardiovascular renal disease. General anasarca.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? cli. & lab. 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) Lukas Turner M.D., M. D.
(Address) 3718 Jennings Rd.
9/11/37

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.