

NOV 18 1937

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

Do not use this space.

36608

1. PLACE OF DEATH

County Jackson
Township Han
City Hann City (No. 4646 Virginia)

Registration District No. 399
Primary Registration District No. 1002

File No. 333
Registered No. 333
St. _____ Ward _____

2. FULL NAME Louis Berell

(a) Residence, No. 4646 Virginia St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 8, 1862

7. AGE YEARS 75 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture dealer
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 Meyer Berell

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Clara Berell
4646 Virginia

18. BURIAL, CREMATION, OR REMOVAL Went to
Place Leansworth DATE Oct 10

19. UNDERTAKER (ADDRESS) Carroll Davidson
3024 1st

20. FILED Oct 8, 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1937, to 10-8, 1937
I last saw him alive on 10-8, 1937 Death is said to have occurred on the date stated above, at 6:20 p. m.

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

Coronary occlusion
94B

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? h
If so, specify _____ (Signed) R. C. Gaffney, M. D.
(Address) 1201-1205 1st St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6/10/1954
R. H. ...