

DEC 13 1937

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

39865  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **Mo Baptist.** Registered No. **10852**  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Karl F. Berblinger.**

(a) Residence, No. **2161 East Linton Ave** St. **9**  
(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 **Male.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower.**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katherine Berblinger (Beiter)**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16, 1859.**  
7. (AGE) YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**78. 5. 7.**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Brewer.**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired.**  
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 **Frederick Berblinger.**

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

15. MAIDEN NAME **Unknown.**

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

17. INFORMANT (ADDRESS) **Fred Berblinger**  
**2161 E Linton Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory. Nov. 26, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math Hermann & Son.**  
**2161 East Fair Ave.**

20. FILED **NOV 23 1937** **J. G. Brudeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 23, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 10th 1937** to **Nov. 23, 1937**  
I last saw him alive on **Nov. 22, 1937**. Death is said to have occurred on the date stated above, at **5.00 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**  
**Chronic Endocarditis**  
**Spinal Arterial 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?  
If so, specify **Alcohol** ..... M. D.  
(Signed) **Alfred H. Kyles**  
(Address) **4244 W. Florissant**

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.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Leonard Hampton  
Licensed Embalmer No. 2967

**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.)**