

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

793
Do not use this space.

FEB 12 1938

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1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City ST. LOUIS (d) Street No. 6424 BROCKSCHMIDT 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

MARY BERGER, 626
(a) Residence, No. 6424 BROCKSCHMIDT, St. 4 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. ~~SINGLE~~-MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY J. BERGER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 5 - 1860
7. AGE YEARS 77 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. NILE
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) MISSOURI

FATHER 13. NAME PATRICK CLINTON

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

MOTHER 15. MAIDEN NAME BRIDGET UNK

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

17. INFORMANT (ADDRESS) EVELYN WILLIAMS
6424 BROCKSCHMIDT

18. BURIAL, CREMATION, OR REMOVAL PLACE SSP & P. Cem DATE JAN. 20 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmur
3125 Lafayette St

20. FILED JAN 19 1938
J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/9/37 19... to 1/17/38 19...
I last saw him alive on 12/30/37 19... Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

Cardio-nephritis
of 5 yr
Date of onset 1935?
Other contributory causes of importance: Acute Myocarditis 12/5/37

Name of operation Date of
What test confirmed diagnosis Phys. Ex. 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. Schmur, M. D.
(Address) Maywood Mo

WRITE PLAINLY, WITH UNFADING 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.

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer, Licensed Embalmer No. 4014
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Kollmer
L. E.
No. 4014 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Joseph Kollmer
Licensed Embalmer No. 4014

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.)