

REC'D JUN 9 1938

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19873

Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No. 791

(b) Township.....

Primary Registration District No. 1008

(c) City St. Louis(d) Street No. City Hospital No. 1

Registered No. 5012

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)
City Hospital No. 1 St.
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME
D. 2634

Walter Berger

(a) Residence, No.

1118 South St. 10th 22

(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)

divorced

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

Divorced Husband of Flora

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

Aug 11, 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

53

9

15

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

Plasterer

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Missouri

FATHER

13. NAME

Frank Berger

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

Missouri

MOTHER

15. MAIDEN NAME

Unknown

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

Missouri

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION OR REMOVAL in

PLACE Valhalla Cem. DATE 5/28/31, 1919. FUNERAL DIRECTOR (NAME)
(ADDRESS)R. W. McLaughlin
2301 Lafayette Avenue

20. FILED JUN 1 1938

J. D. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5/26/38

22. I HEREBY CERTIFY, That I attended deceased from
5/24/38, 19, to 5/26/38, 19

I last saw him alive on 5/26/38, 19. Death is said

to have occurred on the date stated above, at 6.50 a.m.

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

Hypertensive heart disease
Chronic nephritis
Uremia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 710

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)

R. W. Maxwell, M. D.(Address) City Hospital No. 1.

5012

5012

STATEMENT BY LICENSED EMBALMER *

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L.R. Cooper or by *me*

Registered Apprentice No., working under my personal supervision.

Signed *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.