

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

Do not use this space.

22511

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6033B Registered No. 19-91  
 City St. Louis (No. 3718) Jennings, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) John Berghem  
 (Usual place of abode) No. 4302 Edgewood St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Berghem</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 24 1897</u>		
7. AGE <u>72</u>	YEARS <u>2</u>	MONTHS <u>15</u>
		DAYS <u>16</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Cigar maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1929, to June 16 1929 that I last saw him live on June 16 1929, and that death occurred, on the date stated above, at 4:30 Am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chr. Int. Nephritis - Chr. Prostatic Hypertrophy - Chronic  
Curv. of spine involving several of lower thoracic vertebrae  
Chr. mitral insufficiency - compensated  
 CONTRIBUTORY (SECONDARY) General anæmia, Prostatitis  
Artemia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Leike B. Thurnson, M.D.  
6/17 1929 (Address) 3718 Jennings Rd

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem DATE OF BURIAL 6-19 1929

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Fred Berghem

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Neumeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Mary Berghem  
 (Address) 4302 Edgewood Ave

15. FILED 6/18, 1929 Paula Bruce, M.D. REGISTRAR

JUN 28 1929

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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2  
10  
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