

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

Do not use this space.

35268

1. PLACE OF DEATH

County..... Registration District No. 2207 So. 3rd St.
 Township..... Primary Registration District No. St. Louis
 City..... (No. 2207 So. 3rd St.) Missouri St. Ward)

File No.
 Registered No. 10008 St. Ward)

2. FULL NAME

(a) Residence. No. 2207 So. 3rd St. St. 23 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4/66

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Night Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky Illinois

10. NAME OF FATHER Fred Bergholtz

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

12. MAIDEN NAME OF MOTHER Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Edward Bergholtz
2207 So. 3rd St.

15. FILED 1029 19 May C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1929, to Oct 11, 1929 that I last saw h. alive on Oct 10, 1929, and that death occurred, on the date stated above, at 12/15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1235 Ch. Entero Colitis

CONTRIBUTORY (SECONDARY) Senesce Debility (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH. no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. E. Barnes M. D.
10/11, 1929 (Address) no 207 So. 3rd St.

*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 DATE OF BURIAL
New St. Marcus Oct 14 1929

20. UNDERTAKER ADDRESS
Frank Bone 412
Senchouy

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

K. 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.

18
 2
 10
 2

