

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

Do not use this space.

35591

1. PLACE OF DEATH

County..... Registration District No. F 791
 Township..... Primary Registration District No. L 100
 City St. Louis (No. 4212) Lano Ave. St. 10361 Ward

2. FULL NAME

(a) Residence. No. 4212 Lano Ave. St. 10361 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 0 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Christ W. Linsmeier

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

12. MAIDEN NAME OF MOTHER Johanna Schurman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Herman J. Berg
 (Address) 4212 Lano Ave.

15. Oct 22 1929 FILED Wm C. Stroder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21, 1929

17. I HEREBY CERTIFY That I attended deceased from on Oct. 21st, 1929, to Oct. 21st, 1929, and that I last saw her alive on Oct. 21st, 1929, and that death occurred, on the date stated above, at 8:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) 14001
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Phys. call ending R. Meningitis
 (Signed) Thomas H. Lawton, M. D.
 , 19 (Address) 2743 N. Grand

*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 Friedens DATE OF BURIAL Oct. 24 1929

20. UNDERTAKER Math. Hermann & Son ADDRESS #161 E. Fair Ave

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.

