

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

Do not use this space.

38246

1. PLACE OF DEATH

County St. Louis  
Township Bonhomme  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 795  
Primary Registration District No. 6031

File No. \_\_\_\_\_  
Registered No. 1837  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Caroline Berkeimer

(a) Residence. No. Kirkwood Mo. R.D. #13 Box 584

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Herman Berkeimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-25-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 2 1

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

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

10. NAME OF FATHER Frederick B. Slick

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Matilda Banta (Address) Kirkwood Mo. R.D. #13 Box 584

15. FILED 12/9 1929 C. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-1, 1929, to 11-23, 1929, that I last saw her alive on Nov. 23, 1929, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile Dementia

930  
102 (duration) yrs. 2 mos. 24 ds.  
CONTRIBUTORY Myocarditis (SECONDARY) (duration) yrs. mos. 3 ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ (Signed) F. P. Knott, M. D. 11-25, 1929 (Address) F. P. Knott

\*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 Stolpe, Cem - Herndon, MO DATE OF BURIAL Nov-26 1929

20. UNDERTAKER Schrader Und. Co ADDRESS Ballwin Mo

23196  
96  
235  
10  
31  
10  
PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. AGE should be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

