

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

Do not use this space.

*se Camp*  
13788

**1. PLACE OF DEATH**

County St. Louis Registration District No. 318  
 Town St. Louis Primary Registration District No. 2051  
 City St. Louis (No. 10) St. St. Louis Ward

**2. FULL NAME**

(a) Residence, No. 303 Traverse St., 13 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24<sup>th</sup>, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1931, to Apr. 24, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9 1883

I last saw him alive on Apr. 24, 1931. Death is said to have occurred on the date stated above, at 8 a. m.

7. AGE YEARS 37 MONTHS 7 DAYS 15 If LESS than 1 day, .....hrs. or .....min.

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

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

Pneumonia - Tuberculous - Acute Date of onset Apr. 19 '31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tire Garage

Other contributory causes of importance: Agammaglobulinemia Date of onset Apr. 21 '31

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 13

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

13. NAME William Berkenback

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

15. MAIDEN NAME Esther A. Weiske

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

17. INFORMANT (ADDRESS) Joseph M. Davis

18. BURIAL, CREMATION, OR REMOVAL St. Louis

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 4-24, 1931

Name of operation..... Date of.....

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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? No

If so, specify..... (Signed) J. O. Camp, M. D.

(Address) 413 Holland Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931

agammaglobulinemia

Registrar.

