

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

Do not use this space.

41837

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
City Hospital # **2**

File No. **10925**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. **12704 N. 9th** St., **45** Ward.

Length of residence in city or town where death occurred **13** yrs. **1** 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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April - 1892**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	7	26	

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

13. NAME **John Berkhalter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

15. MAIDEN NAME **Emily Bidsony**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

17. INFORMANT (ADDRESS) **Carson Dicks 1348 N. Diffingole**

18. BURIAL, CREMATION, OR REMOVAL PLACE **National** DATE **12/12** 19**32**

19. UNDERTAKER (ADDRESS) **W. J. Green 3517 Jackson St.**

20. FILED **DEC - 9 1932** 19 **Wm. C. Parker** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12 - 4** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **no physician in attendance**

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **3:30** p.m.

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

73
1 Perforation of Lower Bowel and Bladder with Abdominal Hemorrhage caused by bullet fired from gun in hands of
Other contributory causes of importance:
Shooting of Golden (ed) in St. Louis, Mo. in self defense.

Justifiable Homicide

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

What test confirmed diagnosis?..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **public place** Date of injury **12/3** 19**32**

Where did injury occur? **St. Louis, Mo**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Shooting of Golden**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **J. W. Kerner** M.D.

(Address) **Dep. Coroner**

12/6/32

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

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.

