

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

Do not use this space.

1. PLACE OF DEATH  
CED 10 1937

County .....  
Township .....  
City St. Louis, Mo. (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
City St. Louis

File No. ....  
Registered No. 29363  
St. .... Ward 7996

2. FULL NAME Louis Berwanger  
3408 a Utah St.

(a) Residence, No. .... St. 16 Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-1899

7. AGE YEARS 37 MONTHS 9 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

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. City Water Dept.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation

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

13. NAME Louis Berwanger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Catherine Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Arnold A. Cook M.D.  
(ADDRESS) 5400n Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Aug. 27- 1937

19. UNDERTAKER Wacker-Helderle  
(ADDRESS) 2531 S Broadway

20. FILED AUG 26 1937 J. Biedenk  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-24-34, 1934 to 8-24-37, 1937

I last saw him alive on 8-24-37, 1937. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Paresis 9-24-34 x Date of onset

Other contributory causes of importance:  
Chronic Ulcerative Colitis  
8-20-37x

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 ..... 1937

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 1

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Arnold A. Cook, M. D.  
(Signed) Arnold A. Cook  
(Address) 5400 Arsenal St

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.

10-1-243

OCCUPATION  
MOTHER  
FATHER

