OCT 14 1937

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

32363
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8417
(c) City ..... (d) Street No. DE PAUL HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 70 yrs. mos. 3 ds. 16 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY S. BERHORST
(a) Residence, No. 2902 DODIER ST St. 10
(Usual place of abode, if no street address, write county or city) (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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 19, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. U. S. SEED CO.
9. Industry or business in which work was done, as saw mill, bank, etc. SHIPPING CLERK
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) ST. LOUIS, MO.

FATHER
13. NAME STEVEN BERHORST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) ELIZABETH BERHORST 2902 DODIER ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE SEPT. 8, 1937

19. FUNERAL DIRECTOR (ADDRESS) Goodhart & Goodhart 2228 St. Louis ave

20. FILED SEP 7 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1937, to Sept 5th, 1937
I last saw him alive on Sept 5th, 1937 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (bilateral)	2 days
117a	
Other contributory causes of importance: Ruptured ulcer stomach	5 days
Localized peritonitis	

Name of operation Repair perforation ulcer Date of .....
What test confirmed diagnosis? autopsy 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? 1
If so, specify .....
(Signed) Arthur Gundlach, M. D.
(Address) 2202 University St

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777, hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart L. E. No. 2777 or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)