

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St Louis* (No. *1338*, *Shenandoah*)

12954

File No.....  
 Registered No. **3229**  
 St..... Ward

**2. FULL NAME**

*Bertha Kling*  
 (a) Residence No. *1338 Shenandoah* St. *23* Ward.

Length of residence in city or town where death occurred *53* yrs. mos. ds. How long in U.S., if of foreign birth? *53* yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 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 *Fred Kling*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1845*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>about 80</i>				

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *House wife*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Coopred Popp*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown*  
 (STATE OR COUNTRY)

14. INFORMANT *Mrs Mattie Vogts*  
 (Address) *1338 Shenandoah*

15. APP FILED -3 1927 *Mar C Starckoff*  
 1919 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 2 1927*  
 17. I HEREBY CERTIFY, That I attended deceased from *week* *29*, 1927, to *Apr 2*, 1927 that I last saw her alive on *April 1*, 1927, and that death occurred, on the date stated above, at *5 A* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Pneumonia (lobar)*

*108 / 101 W*  
*152 / 101 W* (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) *age* (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) *P. Schuller*, M. D.  
*4/2*, 1927 (Address) *1514 Dr Jefferson*

\*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 *St Paul Church of God* DATE OF BURIAL *Apr. 4 1927*

20. UNDERTAKER *Thos. B. Myerwell* ADDRESS *1926 Allen*

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

Dr Shanklin 1514 Jefferson Ave

Dr B. Shanklin