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

Do not use this space.

16948

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 3462 Flaska St. Ward)

File No.....

Registered No. 4905

2. FULL NAME Anna K. Bertsch

(a) Residence. No. 3462a Flaska St. 75 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Anton Bertsch Dec

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jacob Haas

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

12. MAIDEN NAME OF MOTHER Do not Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Do not Know

14. INFORMANT 3462a Flaska
(Address) Michael J. Malock

15. MAY 25 1927 FILED, 19..... Mauro Starrlof REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to May 23, 1927, that I last saw h. alive on May 22, 1927, and that death occurred, on the date stated above, at ....?....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82D Hemiplegia Dextra Chr
99
Arterio-sclerosis
(duration) ....yrs. 11 mos. ....ds.

CONTRIBUTORY (SECONDARY) 750
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) E. Clover, M. D
May 24, 1927 (Address) 1807 S18

*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 Churchyard — DATE OF BURIAL 5/25 1927

20. UNDERTAKER Adolph Meyer Lodge — ADDRESS 603 Park ave

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.

THIS IS A PERMANENT RECORD