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

Do not use this space.

20154

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5927

City St. Louis Mo. (No. ..... St. ..... Ward)

2. FULL NAME Bertha V. Gundel

(a) Residence. No. 4412 Neosho St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

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: Moritz Gundel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 24 - 1872

7. AGE: Years 55 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife 131
(b) General nature of industry, business, or establishment in which employed (or employer): 93C 95B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

PARENTS

10. NAME OF FATHER: Christian Flonard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mary Maurer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Moritz Gundel
(Address) 4412 Neosho St.

15. FILED JUN 28 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1927, to June 27, 1927 that I last saw her alive on June 27, 1927, and that death occurred, on the date stated above, at 1:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chr)
Cardiac Dilatation (Acute)
1290
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hypertension Chr
Nephritis (Chr) (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? N Louis Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Ray
(Signed) Robert E Warner, M.D
, 19 (Address) 527 Frisco Bldg.

*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: Sunset Burial Park
DATE OF BURIAL: June 30 1927

20. UNDERTAKER: Giegenheim
ADDRESS: 2623 Cherokee

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.