

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

Do not use this space.

22947

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **4965**)

City **City Hospital**

File No. ....

Registered No. **6624**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **4239 Mer Champs St.** Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **70** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 14 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**74 5 5**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Houseworker**  
(b) General nature of industry, business, or establishment in which employed (or employer) **120**  
(c) Name of employer

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

10. NAME OF FATHER **Herman Bertholdy**

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

12. MAIDEN NAME OF MOTHER **Mary Unknown**

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

14. INFORMANT (Address) **City Hospital**

15. FILED **JUL 21 1927** REGISTRAR **Max C. Staker**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 19 1927**

17. I HEREBY CERTIFY That I attended deceased from **July 17, 1927** to **July 19, 1927** that I last saw him alive on **July 19, 1927** and that death occurred, on the date stated above, at **1:30 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Strangulated inguinal hernia (operated)**  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **180W**  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. J. ...** M. D.

\*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.  
**July 19, 1927 (Address) City Hospital**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Johns** DATE OF BURIAL **July 21 1927**

20. UNDERTAKER **1417 167 Leidner and Co. N. Market**

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.

Rizzenmann