

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

Do not use this space.

28531

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **5521 Waterman Ave**)
 Registered No. **8061** St. Ward)

2. FULL NAME

Anna Bertha Waltke
 (a) Residence. No. St. **12** 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 **L. H. Waltke**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 10 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 5 | 29

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) **St Louis Mo.**

10. NAME OF FATHER **Hy Stoffregen**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **L. H. Waltke**
 (Address) **5521 Waterman Ave**

15. FILED **SEP 11 1927** **Max C. Starbuck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 9 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Mudell**
 1927, to **Sept 9**, 1927.
 that I last saw her alive on **Sept 9**, 1927, and that death occurred, on the date stated above, at **245 9th St.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage Apoplexy.
93C
82 1/2 (duration) yrs. mos. **4** ds.
 CONTRIBUTORY **Chronic Myocarditis**
 (SECONDARY) (duration) **1** yrs. **6** mos. ds.

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

8 Did an OPERATION PRECEDE DEATH..... DATE OF.....

9 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **Fredrick H. Altgens**, M. D.
Sept 10, 1927 (Address) **1601 Blair Ave**

*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 **New Bechtelheim** DATE OF BURIAL **Sept 13 1927**

20. UNDERTAKER **Theo H. Beidemann** ADDRESS **1936 St. Louis Mo**

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.

