

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

Do not use this space.

31361

1. PLACE OF DEATH

County St Louis
Township St Ferdinand
City St Louis (No. _____)

Registration District No. 784
Primary Registration District No. 6030

File No. _____
Registered No. _____
Sl. _____ Ward)

2. FULL NAME

Bertha Hermismeyer

(a) Residence. No. _____ 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 Otto Hermismeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	26	6	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(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 Co.

10. NAME OF FATHER Charles Ritter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co.

12. MAIDEN NAME OF MOTHER R. Lauterbach

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

14. INFORMANT Otto Hermismeyer
(Address) St Louis Co.

15. FILED Oct 29 1927 O. S. Schaefer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1, 19 27

17. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1926, to Sept. 30, 1927
that I last saw h...er... alive on 30 of Sept. 19, 27, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary tuberculosis

23 Ag
(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

B DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. A. Van Hoefen, M. D.

Oct. 1, 19 27 (Address) 8313 Halle Ferry Rd

*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 DATE OF BURIAL

near Bethlehem Cemetery 10/3/27 19

20. UNDERTAKER ADDRESS 1936
Theo. W. Beiderwieden St. Louis ave

NOTE: 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.

1927

