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.

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

Do not use this space.

31791

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 7200 Pennsylvania St. ..... Ward)

File No. .....

Registered No. 9148

2. FULL NAME Bertha Wiedow

(a) Residence. No. ..... St., 1 Ward. Jefferson Barracks Mo
(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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Wiedow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Abt — YEARS: 64 — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, ... hrs. or ..... min.

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: August W. Bohl

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

12. MAIDEN NAME OF MOTHER: Minnie Weir

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

14. INFORMANT: Chas. Wiedow
(Address) Jeff. Barracks Mo

15. FILED OCT 14 1927, 19.. Max C Starkcoff REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/12/27 19

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1927, to Oct 12, 1927 that I last saw h. ly alive on Oct 8, 1927, and that death occurred, on the date stated above, at 2 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (Apoplexy)

131

a 2 R (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis (duration) 2 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Joy C Kuppe, M. D

Oct 13, 1927 (Address) 7702 Lyons

*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: Odd Fellows Cem

DATE OF BURIAL: 10/14 1927

20. UNDERTAKER: Southern U. L. Co

ADDRESS: 7315 S. Bdway