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.

32050

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 4201- Blaine St. ..... Ward)

File No. ..... Registered No. 9422

2. FULL NAME Bertha Reitz

(a) Residence. No. 4201-Blaine St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Reitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 7- 1847

7. AGE: Years 79 | Months 10 | Days 14 | If LESS than 1 day, ... or ..... Ann

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home 131
(b) General nature of industry, business, or establishment in which employed (or employer): 931
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Unknown
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: Rudolph Heibeck
(Address) 3458- Giles Ave

15. FILED OCT 23 1927 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1927, to Oct 21, 1927 that I last saw her alive on Oct 21, 1927, and that death occurred, on the date stated above, at 3.20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
Seck for several months,
under my care (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Parenchymatous nephritis
under my care (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo B Borgert, M. D

10/22, 1927 (Address) 3559 So Jeffrey

*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: Old St Marcus
DATE OF BURIAL: Oct 23 1927

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331-S Bdwy