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.

38773

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11504

City St Louis (No. Mullanphy Hosp. St. ..... Ward)

2. FULL NAME Bertha Mester

(a) Residence. No. 2318 Maple Pl. 20 Ward. St. Louis Co. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ross Mester

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 9 - 1889

7. AGE: Years 38 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 121
(b) General nature of industry, business, or establishment in which employed (or employer): 127
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Hoffman
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: August Palme
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Tillie Kluth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mr. Ross Mester
(Address) 2318 Maple Pl.

15. FILED: DEC 23 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1927, to Dec 22nd, 1927, that I last saw her alive on Dec 21st, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock following operation for gall stone (duration) 24 hours yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Cholecystitis (duration) yrs. mos. 7 ds.

123

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 21st

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Hugh C. Harkins, M. D

12-23, 1927 (Address) 2573 Woodson Rd Overland

*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: Zions Cemetery
DATE OF BURIAL: Dec 26 1927

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton

2563
Wab 1152