

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

Do not use this space.

10323

1. PLACE OF DEATH

County St Charles
Township Dardenne
City St. Charles (No.)

Registration District No. 760
Primary Registration District No. 6001

File No.
Registered No. 68
St. Ward

2. FULL NAME

Mrs. Katherine Berthold

(a) Residence. No. Weldon Springs St. R. 1 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Conrad Berthold deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 24

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) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER John Gulermuth

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

12. MAIDEN NAME OF MOTHER Reeffer

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

INFORMANT Miss Marie Berthold
Edith Weldon Springs Mo

15. FILED 3/28 1928 J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928, to Mar 26, 1928
that I last saw her alive on Mar 26, 1928, and that death occurred, on the date stated above, at 8:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 5 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) J. L. H. Glosensky, M. D.

, 19 (Address) 211 Fallers Mo

*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 Wolf Cemetery, Coltonville Mo. DATE OF BURIAL 28/28

20. UNDERTAKER Ed Berthold ADDRESS Dallen Mo

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.

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