

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

Do not use this space.

35590

1. PLACE OF DEATH

County..... Registration District No. 701
Towship..... Primary Registration District No. 1003
City..... (No. 8017 Water)

File No.....
Registered No. 10662
St..... Ward.....

2. FULL NAME

Bertha Wulf

(a) Residence. No. 8017 Water St. 1 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Theo. Wulf

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

12. MAIDEN NAME OF MOTHER Mary Schneider

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

14. INFORMANT Louise Wulf
(Address) 8017 Water St

15. FILED 30 1928 Man B. Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29-1928
17.

I HEREBY CERTIFY, That I attended deceased from Aug 19 1928, to Oct 29 1928, that I last saw him alive on Oct 25 1928, and that death occurred, on the date stated above, at 12:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Interstitial Nephritis
131
132.0 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129th
IF EXACT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Owen J. ... M. D.
, 19 (Address) 3605 Michigan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive DATE OF BURIAL 10-31-1928

20. UNDERTAKER Southern ADDRESS 7315
S. Brady

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, ST. LOUIS, MISSOURI

