JAN 21 1929

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

Do not use this space.

85

39477

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 1392

City: St. Joseph, (No. 3515 Lafayette St. St. Ward)

2. FULL NAME: Bertha Schmelebeck

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

Length of residence in city or town where death occurred 26 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar, 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	9	

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): Peoria, Ill.

PARENTS

10. NAME OF FATHER: George Beck

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

12. MAIDEN NAME OF MOTHER: Alvina Gruner

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

14. INFORMANT: Jacob Schmelebeck

(Address): 3515 Lafayette St.

15. FILED DEC 11 1928 19 John G. Ft. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 9, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1928, to Dec. 9, 1928, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 3.20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adenoma of Thyroid (Toxic Exophthalmic Goiter)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) yrs. mos. 5 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? Clinical

(Signed) Gordon Dewright, M. D.

Dec. 10, 1928 (Address) 845 So. 19th St. St. Jos. 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	DATE OF BURIAL
Memorial Park Cemetery	Dec, 11, 1928
20. UNDERTAKER: Walter Mooney 1302	ADDRESS: Faraon St.

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.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD