

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

Do not use this space.

13269

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... (No. 616 Koeln Ave) St. Ward)

File No. 3834
Registered No. St. Ward)

2. FULL NAME Bertha Davey

(a) Residence. No. 616 Koeln Ave 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 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 Mort Davey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day,hrs.	ormin.
	<u>38</u>	<u>9</u>	<u>27</u>		

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) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Nicholas Schmeitz

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

12. MAIDEN NAME OF MOTHER Mary Palm

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

14. INFORMANT Mort Davey
(Address) 616 Koeln Ave

15. FILED 30 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-2-1929 to 3-29-1929, 1929, that I last saw her alive on 3-29-1929, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis Chronic

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) M. C. Estertown, M. D.

3-29-1929 (Address) 7909 Ivory St. Louis, 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 New Picher DATE OF BURIAL 4-1 1929

20. UNDERTAKER Southern ADDRESS 731 S. Buddy

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.

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10/26/11