

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

Do not use this space.

19654

1. PLACE OF DEATH

County..... Registration District No. 79T
Township..... Primary Registration District No. 1003
City St. Louis (No. 2903 Allen)

File No.
Registered No. 5261
Adl. - Ward)

2. FULL NAME Mrs Bertha E. Coe

(a) Residence. No. 2903 Allen Ave. St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. C. M. Coe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Wisconsin

PARENTS

10. NAME OF FATHER Julius H. Vonhagen

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

12. MAIDEN NAME OF MOTHER Sophie Schmidt

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

14. INFORMANT Dr. C. M. Coe

(Address) 2903 Allen Ave.

15. MAY 11 1929 FILED Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8 11:30 pm. 1929 to May 8, 12 pm. 1929. that I last saw her alive on May 8, 12 pm. 1929. and that death occurred, on the date stated above, at 12 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

CONTRIBUTORY (SECONDARY) Previous attacks (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2903 Allen Ave

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Coe M. D. 5/9 1929 (Address) 2903 Allen Ave.

*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

Walhalla Cemetery 5/13 1929

20. UNDERTAKER ADDRESS 1936

Theo. W. Beiderwieden. St. Louis Ave.

WRITE MAINLY, 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.

