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

Do not use this space.

38638

File No. 11042

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1701 (10023)

Township ..... Primary Registration District No. ..... (No. ..... St. ..... Ward)

City St. Louis (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Bertha Clever

(a) Residence. No. 1214 Emmett St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 William Clever

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 1870

7. AGE: Years 58 | Months 11 | Days 6 | If less than 1 day, ... hrs. or ..... min.

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

PARENTS

10. NAME OF FATHER Anselm Schaeck

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

12. MAIDEN NAME OF MOTHER Bertha Erly

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

14. INFORMANT William Clever
(Address) 1214 Emmett

15. FILED Nov 12, 1929 Max O. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Nov 10, 1929, that I last saw h. alive on Nov 9, 1929, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1214 Emmett.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Stomach Contents

(Signed) [illegible] M.D.

Nov 12, 1929 (Address) 3758 Lafayette

*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: St Peter Hand

DATE OF BURIAL: 11/13 1929

20. UNDERTAKER: C. Hoffmeister U.T.C.

ADDRESS: 1814 S. Broadway

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.