

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

Do not use this space.

6423

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Towship.....

Primary Registration District No. 10222

Registered No. 1212

City St. Louis (No. Whist + Watson - Luther Hospital) (Ward) 1

2. FULL NAME

Bertha Walper

(a) Residence. No. 620 N. Meyer St. 24 Ward.

Kirkwood Mo
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20. | 8 | 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Floor lady
(b) General nature of industry, business, or establishment in which employed (or employer) Wallace Per Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER O. W. Walker

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

12. MAIDEN NAME OF MOTHER Mrs Melton

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

14. INFORMANT O. W. Walker
(Address) 620 N Meyer Kirkwood

15. FILED 1930 May 27 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1930

17. I HEREBY CERTIFY That I attended deceased from 12-31, 1929, to 2-4, 1930, and that death occurred, on the date stated above, at 2:26 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adynamic ileus. (Postoperative)
121B
122B (duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Appendicitis
(duration) ... yrs. 1 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED At place of death
IF NOT AT PLACE OF DEATH: Yes DATE OF 1-3-30
DID AN OPERATION PRECEDE DEATH? Yes
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Rose E. Baker, M. D.

2-4, 1930 (Address) Chester Grove, 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 Park Hill Cem DATE OF BURIAL 2-7-1930

20. UNDERTAKER Louis V. Boop ADDRESS Kirkwood Mo

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 UNFADING INK—THIS IS A PERMANENT RECORD

