APR 30 1930

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

Do not use this space.

11483

1. PLACE OF DEATH
County: Warren — Registration District No.: 884 — File No.:
Township: Charrette — Primary Registration District No.: 6176 — Registered No.: 3
City: Marthasville (No. ..., ... St. ... Ward)

2. FULL NAME: Louisa Mittler

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 42 yrs. 4 mos. 19 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 12 - 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dutzow
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: George Berg
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Eliza H. Wahl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: T. G. Mittler
(Address): Dutzow Mo.

15. FILED: Nov 15, 1930 — G. C. Johnson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March - 14 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930, to Mar 14, 1930, that I last saw h. alive on Mar 14, 1930 and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
136 Chr. myocarditis
Chr. glomerulonephritis
(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Legal
(duration) ... yrs. ... mos. ... 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) Herbert H. Schmidt, M. D.
, 19 (Address)

*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: Marthasville Mo — DATE OF BURIAL: Mar 17 1930
20. UNDERTAKER: Adeline A. Lichtenberg — ADDRESS: Marthasville 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