

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

Do not use this space.

37399

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2341 So. Compton Ave** St. Ward)

File No.
 Registered No. **10438**

2. FULL NAME

(a) Residence. No. **2341 So. Compton St.** Ward. **17**
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louis A. Bernhard</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 19 - 1865</i>		
7. AGE	YEARS <i>65</i>	MONTHS <i>—</i>
	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>at home</i> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>mo.</i>		
PARENTS	10. NAME OF FATHER <i>Anthony Gortz</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <i>Louise Merrill</i>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY)		

MEDICAL CERTIFICATE OF DEATH

1. **16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Nov 2 1930*

17. I HEREBY CERTIFY, That I attended deceased from *March 18* 1929, to *Nov 2* 1930 that I last saw h. e. alive on *Nov 2* 1930 and that death occurred, on the date stated above, at *11:25 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac asthma Chronic
95B (duration) *7* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *90B* (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?
 (Signed) *William DeWitter* M. D.
Nov 3 1930 (Address) *3375 S. Grand Blvd*

*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.

14. INFORMANT *Louis A. Bernhard*
 (Address) *2341 So. Compton*

15. FILED *Nov - 3 1930* *Max C. Standley* REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary Cemetery* DATE OF BURIAL *Nov 5 1930*

20. UNDERTAKER *Peltz Bern 3029 Lafayette* ADDRESS

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.

Grandmother's