

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3772

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1113**
 City **St. Louis** (No. # **11 Arundel Pl.**)

File No.....
 Registered No. **1014**
 St. Ward)

2. FULL NAME **Bertha Haesele**

(a) Residence, No. **#11 Arundel Place** St. **4** Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert H. Haesele**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 10, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **St. Louis 59**
 (b) General nature of industry, business, or establishment in which employed (or employer) **107A**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Otto Steiner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

12. MAIDEN NAME OF MOTHER **Unknown Ahlen**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany 1**

14. INFORMANT **Miss Ella Haesele**
 (Address) **#11 Arundel Place**

15. FILED **JAN 26 1931** **Max Starkey**
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 25 1931**

17. I HEREBY CERTIFY, That I attended deceased from **1923**, 19... to **Jan 25**, 1931, that I last saw h. or alive on **Jan 25**, 19... and that death occurred, on the date stated above, at **6:50 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia 3 days
Asthma non tubercular 10 yrs
Diabetic mellitus 10 yrs

CONTRIBUTORY (SECONDARY) **Hypertthyroidism**
 (duration) **1** 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) **W. H. Orusted**, M. D.

1126 . 1931 (Address) **3720 Washington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **Jan 28 1931**

20. UNDERTAKER **W. Brown & Co. 2707** ADDRESS **2707**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

