

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

Do not use this space.

19506

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis, Mo. St. Louis Arch. Hosp. 500 So. Kings Highway

File No.....

Registered No. **5459**

St. Ward)

2. FULL NAME

Bertha Kassmedik

(a) Residence. No. 2815 ST. VINCENTS St. 23 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) ch. 12

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 27

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

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

10. NAME OF FATHER Elmer Kassmedik

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

12. MAIDEN NAME OF MOTHER Pauline Wedlow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT Elmer Kassmedik (Address) 500 So. Kings Highway

15. FILED May 10 1951 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 - 1931

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1931 to May 9, 1931 that I last saw him alive on May 19, 1931 and that death occurred, on the date stated above, at 58th St.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hydrocephalus Spina Bifida

CONTRIBUTORY (SECONDARY) Pyelitis - b. coli (duration) yrs. mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED Home IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____ WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam (Signed) Alexis F. Hartmann M. D. , 19 (Address) 500 So. Kings Highway

*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 Bethany Cem. DATE OF BURIAL 5-11 1931

20. UNDERTAKER Wittbrodt & Co. 2429 S. Jefferson ADDRESS

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

