

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

Do not use this space.

26480

**1. PLACE OF DEATH**

County .....

Registration District No. 781

Township .....

Primary Registration District No. 1003

City St. Louis Mo (No. ....)

Sanitarium

File No. ....

Registered No. 7632

St. .... Ward

**2. FULL NAME**

(a) Residence, No. 3182 Compton St.  
(Usual place of abode)

Bertha Wagner

13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. + mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9. 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>73</u>	<u>10</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Herbert P Smith  
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Church DATE 7-9-31 19.

19. UNDERTAKER Ziegler Bros.  
(ADDRESS) 2033 Cherokee St.

20. FILED 11-3-31 19- W. C. Stuber Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to July 7<sup>th</sup> 1931

I last saw her alive on July 6 1931. Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1yr +  
73E  
162  
930

Other contributory causes of importance: Senile Dementia 1yr +

Name of operation ..... Date of .....

What test confirmed diagnosis? Chemical. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Herbert P Smith M. D.  
(Signed) 5400 Arsenal St.  
(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.

MARCO RESERVED FOR BINDING

S. NO. 2.

