

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. 701
Primary Registration District No. 1003
(No. St. Anthony Hospital.)

File No. 30129
Registered No. 9203
St. Ward)

2. FULL NAME Bertelsmeyer Sister M. Ida.

(a) Residence. No. 2520 Chippewa St. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. - mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 23, 1890.</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious, nursing
(b) General nature of industry, business, or establishment in which employed (or employer) in hospital.
(c) Name of employer

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

10. NAME OF FATHER Joseph Bertelsmeyer.

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

12. MAIDEN NAME OF MOTHER Ida Temborius.

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

14. INFORMANT Sister M. Ludwig
(Address) 3520 Chippewa Ave. St. Louis

15. FILED 3 31 1931 Max C. Starke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 30 1931.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10th
1930 to Aug. 29th 1931
that I last saw h. alive on Aug. 29th 1931, and that death occurred, on the date stated above, at 4:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1) Nephritis (subacute, paraneuritic)
93E
130 (duration) 10 yrs. mos. ds.
CONTRIBUTORY Myocarditis - chronic (rheumatic)
(SECONDARY) (duration) 15 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN ATTEMPT? no

WHAT TEST CONFIRMED DIAGNOSIS Physic. Exam & Lab.
(Signed) David B. Slawson M. D.

8/30, 1931. (Address) Mo. Theatre Bldg. St. Louis

*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 SS. Peter & Paul Cemetry. **DATE OF BURIAL** Sept. 1, 1931.

20. UNDERTAKER K. G. Gubben & Co. 784 1/2 Meramec
ADDRESS

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.

RECORD THIS IS A PERMANENT RECORD

