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.

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

Do not use this space.

17263

1. PLACE OF DEATH

96 County St Louis — Registration District No. 784

Township St Ferdinand — Primary Registration District No. 6030

City ..... (No. 204 MARGARET ST, ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME BERTHA KELLER.

(a) Residence, No. 204 MARGARET ST, RAMONA PARK. Ward. .....
(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: FEMALE.

4. COLOR OR RACE: WHITE.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/12/1873.

7. AGE: YEARS 58 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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): ST, LOUIS MISSOURI.

FATHER

13. NAME: CHARLES KAMPFENKEL.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY. 16

MOTHER

15. MAIDEN NAME: NOT KNOWN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY.

17. INFORMANT (ADDRESS): Jacob Keller 204 MARGARET ST, RAMONA PARK.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MEMORIAL PARK. DATE 5/25/32. 19

19. UNDERTAKER (ADDRESS): Provost Und Co 3710 N. GRAND BLV'D.

20. FILED May 30th, 1932 Emma J Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-23-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1932, to 5-23-, 1932

I last saw her alive on 5-23-, 1932 Death is said to have occurred on the date stated above, at 11 a. m.

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

Carcinoma of Uterus — Date of onset 1931. Nov

48

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Other contributory causes of importance:

Name of operation no — Date of

What test confirmed diagnosis? Clinical Dx Was there an autopsy? no

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? no

If so, specify

(Signed) Roy Johnson, M. D.

(Address) Ferguson Mo.