

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.

24109

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 05003  
 City St. Louis Mo. No. 5728 Rhodes Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 6169

**2. FULL NAME**

Bertha Sherman  
 (a) Residence, No. 5728 Rhodes Ave. St. 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank R. Sherman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>11</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>035</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Pete Bengard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Mathew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Frank R. Sherman</u> (ADDRESS) <u>5728 Rhodes Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethanua</u> DATE <u>July 5</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. Leidner</u> (ADDRESS) <u>1417 N. Market St.</u>		
20. FILED <u>JUL - 1 1932</u> <u>Max E. Stankov</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 2 1932

**22. I HEREBY CERTIFY**, That I attended deceased from June 20<sup>th</sup> 1932 to July 2<sup>nd</sup> 1932  
 I last saw her alive on July 2 - 1932, 1932. Death is said to have occurred on the date stated above, at 6-A.m.  
 The principal cause of death and related causes of importance were as follows:  
Ferricious Malaria (over) Date of onset June 20<sup>th</sup> 1932  
(Coma form)  
38  
38  
 Other contributory causes of importance:  
none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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) Frank V. Voths M. D.  
 (Address) 3500 N. Grand

