

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

Do not use this space.

✓ 34341

1. PLACE OF DEATH

County..... Registration District No. 551
Township..... Primary Registration District No. 6-1-1
City St. Louis Mo. (No. 2739 2, Chippewa St.)
St. Ward

File No.
Registered No. 9709
St. Ward

2. FULL NAME

Bertha Stoppmann
(a) Residence, No. 2739 2 Chippewa St. St., 24 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10-1863.</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>3</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, hrs. or min.

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

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) Germany 10

13. NAME Fred Sparfeld

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

15. MAIDEN NAME Sophia Balwald

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

17. INFORMANT August Stoppmann
(ADDRESS) 2106 State Union Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem DATE Oct 2-1932

19. UNDERTAKER Regent Bros
(ADDRESS) 212 3 Chippewa St

20. FILED NOV 6 1932 St. Louis Mo. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1932

22. I HEREBY CERTIFY. That I attended deceased from Oct 7th, 1932, to Oct 29th, 1932
I last saw him alive on Oct 29, 1932. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Vegetative Endocarditis 4.1.1932
928 928
901 A
Other contributory causes of importance:
Embolism of Mesenteric Artery (1) Oct 29 1932

Name of operation Date of
What test confirmed diagnosis? 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? Yes
If so, specify
(Signed) Walter Kupper, M. D.
(Address) 3801 S. Broadway

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.

