

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

Do not use this space.

41854

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *City Hospital*)

# *14549*

**2. FULL NAME**

(a) Residence, No. *2526 W. Dodger* St. *Ward 20*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *44* yrs. mos. ds.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 2 - 1886*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>46</i>	<i>4</i>	<i>8</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *182*

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *Flouissant* (STATE OR COUNTRY) *ms.*

13. NAME *Anton Bertelmeier*

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

15. MAIDEN NAME *Anna Vohs*

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

17. INFORMANT *Hospital Information* (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem* DATE *Dec 13<sup>th</sup> 1932*

19. UNDERTAKER *Edmond Koch* (ADDRESS) *2516 W. Dodger St. St. Louis*

20. FILED *DEC 17 1932* Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 10<sup>th</sup> 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 25<sup>th</sup> 1932* to *Dec. 10<sup>th</sup> 1932*

I last saw him alive on *Dec 10<sup>th</sup> 1932* Death is said to have occurred on the date stated above, at *3:00 a.m.*

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

*Diabetes mellitus*

*131 59*

*930 59*

Other contributory causes of importance: *chronic nephritis, chronic pyelitis*

Name of operation *None* Date of.....

What test confirmed diagnosis? *biopsy* 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.....

(Signed) *J. M. Masnick* M. D.  
(Address) *City Hospital*

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.

Bertelsmeyer