

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

Do not use this space.

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 8 Township Washington Primary Registration District No. 3016
 7 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Bertha Mary Mauntel
 (a) Residence, No. 503 Fremont St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

917

File No. _____
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Herman H. Mauntel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1857

7. AGE YEARS 75 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

13. NAME Joseph Kemme

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

15. MAIDEN NAME Veronica Peters

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

17. INFORMANT Edward Mauntel (ADDRESS) 902 Fremont St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE 2/2/33 19. UNDERTAKER Washing & Vert Co (ADDRESS) Washington Mo.

20. FILED Jan 30 19 33 O. L. Muench Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 19 33

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1932 to Jan 29 1933
 I last saw him alive on Jan 29 1933 Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Gall Bladder
Exploratory operation found carcinoma inoperable
 Date of onset Jan 27/33
 Other contributory causes of importance: Carcinoma
 Name of operation inoperable Date of Dec 27/32
 What test confirmed diagnosis? same Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury X 19 X
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) O. L. Muench, M. D.
 (Address) Washington Mo.

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.

