

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

Do not use this space.

7373

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No.....

Township.....

Primary Registration District No.....

10437

Registered No.....

1324

City St. Louis, Mo. (No. 5351 Delmar Ave St. Ward)

2. FULL NAME

Bertha M. Spaethe

(a) Residence, No. 5351 Delmar St., 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Spaethe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1859

7. AGE YEARS 73 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Phillip Lauter

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

15. MAIDEN NAME Louise Fruchs

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

17. INFORMANT (ADDRESS) Clarence S. Spaethe
3619 2nd North

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb 7 1933

19. UNDERTAKER (ADDRESS) Wacker-Helderte
2331 Broadway

20. FILED FEB - 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

I HEREBY CERTIFY, That I attended deceased from June 12 1931, to Feb 5 1933

I last saw her alive on Feb 4 1933. Death is said to have occurred on the date stated above, at 2:30 a. m.

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

Chronic myocarditis Date of onset 1 yr
131
131

Other contributory causes of importance:
Chronic Interstitial nephritis 6 mos.

Name of operation..... Date of.....
What test confirmed diagnosis? urinalysis 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) John Cameron, M. D.
(Address) 508 7th Grand Blvd.

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.

CONFIDENTIAL - SECURITY INFORMATION - UNCLASSIFIED

CONFIDENTIAL - SECURITY INFORMATION - UNCLASSIFIED

4