

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

Do not use this space.

34945

1. PLACE OF DEATH

City St. Louis Registration District No. 101
Township _____ Primary Registration District No. 113
City St. Louis (No. Bethesda Hospital) _____ St. _____ Ward _____

File No. _____
Registered No. 9126

2. FULL NAME

Charles C. Bertholdt
(a) Residence, No. 5529 Calumet Ave. St. 5 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>Male</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 <u>Margaret Bertholdt</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1865</u> | | |
| 7. AGE | YEARS <u>68</u> | MONTHS <u>4</u> |
| | DAYS <u>27</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Commercial Artist</u> | |
| | 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) <u>St. Louis, Missouri</u> | | |
| MOTHER | 13. NAME <u>Don't know</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Frieda Dierling</u> | |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 17. INFORMANT <u>Mrs. J. R. Blichhahn</u> | |
| | (ADDRESS) <u>1155 Union Blvd</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>October 27, 1933</u> | | |
| 19. UNDERTAKER <u>Geo. L. Pleitach Inc</u> (ADDRESS) <u>5946 Easton Ave.</u> | | |
| 20. FILED <u>Oct 23 1933</u> <u>J. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to Oct 21, 1933, 1933
I last saw him alive on Oct 21, 1933. Death is said to have occurred on the date stated above, at 7:50 A.M.
The principal cause of death and related causes of importance were as follows:
Melanoma Sarcoma
528 face
52
Date of onset on about a year ago

Other contributory causes of importance: _____

Name of operation Cauterization Date of April 27, 1933
What test confirmed diagnosis? Microscopic 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? No
If so, specify _____
(Signed) Roland Hill, M. D.
(Address) 4500 Olive St.

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.

NOV 10 1933

MARGIN RESERVED FOR BINDING

U. S. NO. 2

Dr. Roland Hill

Lister Bldg.

1 to 3

Trust. 3800