

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FEB 27 1934

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **5205 N. Euclid Ave**)

File No. **2787**
Registered No. **424**
St. Ward)

2. FULL NAME *Bertha Maria Wilhelm*

(a) Residence, No. **5205 N. Euclid** St. Ward.

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *Casper Wilhelm*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 24

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) (STATE OR COUNTRY) *Germany*

13. NAME *Frank*

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

15. MAIDEN NAME *Not known*

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

17. INFORMANT *Mrs. M. M. Marneske* (ADDRESS) *5205 N. Euclid Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friedens* DATE *Jan 12 34*

19. UNDERTAKER *Kingsbury Memorial Co* (ADDRESS) *402 N. Kingsbury*

20. FILED *J. P. Beck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 9 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 1933* to *Jan 9 1934*

I last saw her alive on *Jan 9 1934* Death is said to have occurred on the date stated above, at *11 P* m.

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

Carcinoma of the stomach Date of onset *6 mos*
46

Other contributory causes of importance:

Name of operation *none* Date of *none*
What test confirmed diagnosis? *Clinical* 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) *Ralaud R. Mervin* M. D.
(Address) *5330 Geraldine*

