

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

Do not use this space.

SEP 13 1934

791  
1003

30934

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. 4148, Westminster)..... St..... Ward.....

File No.....  
Registered No. 8198

**2. FULL NAME**

Berntha Gordon Alsop

(a) Residence, No. 4148 Westminster St. Ward. 19  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 - 1846</u>		
7. AGE	YEARS	MONTHS
	<u>87.</u>	<u>11.</u>
		DAYS
		<u>28.</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>Nil -</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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Aug 9, 1934

I last saw h- alive on Aug 9, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

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

Nephritis Interstitial Chronic

Date of onset

Other contributory causes of importance:

Atherosclerosis  
Leucity

Name of operation..... Date of.....

What test confirmed diagnosis? Urinal 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?.....

If so, specify.....

(Signed) A. S. Joseph..... M. D.

(Address) 3320 So Grand

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME Perry Monday

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. H. Alsop  
(ADDRESS) 3214 Sherbrooke

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bloomfield Mo DATE Aug 11 - 1934

19. UNDERTAKER Edith C. Conbruster  
(ADDRESS) 5734 Westminster Ave.

20. FILED AUG 10 1934 J. H. Redbeck  
Registrar

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.

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

Dr. F. E. Jacobs  
P. M.