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.

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

Do not use this space.

34324

OCT 11 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9116

City St. Louis (No. 1013 Lynch St. ..... Ward)

2. FULL NAME Elsie Wertz

(a) Residence, No. 1013 Lynch St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26, 1911.

7. AGE: YEARS 23 MONTHS 0 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home.
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): Columbia, Ill.

FATHER

13. NAME: Philip Stumf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia, Ill.

MOTHER

15. MAIDEN NAME: Annie Kraus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia, Ill.

17. INFORMANT (ADDRESS): Harry Wertz 1013 Lynch St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia, Ill. DATE 9-15-34 19

19. UNDERTAKER (ADDRESS): Southern Hud Co 6322 S Grand

20. FILED SEP 13 1934 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-12-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1934, to Sep 12, 1934
I last saw her alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

Date of onset: several months

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab 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) Albert F. Ross Ph.D., M. D.
(Address) 1841 S 12th

Dr. Brian - 10:30

11:3

1841 S. 12th