JAN 14 1935

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

Do not use this space.

44430

1. PLACE OF DEATH

County ..... Registration District No. 731

Township ..... Primary Registration District No. [illegible]

City St. Louis, Mo. (No. 3214, Miami Street St. ..... Ward)

File No. .....

Registered No. 11513

2. FULL NAME Mrs. Bernadina Grotha

(a) Residence, No. 3214 Miami Street, St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Martin Grotha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	2	3	

OCCUPATION

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

FATHER

13. NAME Unknown Schmitt

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Martin Grotha 3214 Miami St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE Dec. 4, 1934

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home, Inc. 3636 St. Louis Avenue

20. FILED DEC -4 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Dec 1st, 1934

I last saw her alive on Dec 1st, 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

	Date of onset
Carcinoma Esophagus	?

Other contributory causes of importance:

Senility —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) J. Lewis Hutton, M. D.

(Address) 3400 California

Per. [illegible] M. D.

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.

Cv. V. Klopp
3801 S. B
2-3 7-8.