

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

Do not use this space.

AUG 9 1935

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, (No. St. Anthony's Hosp.) St. Ward

File No.
Registered No. 6354

2. FULL NAME Mary Bertha Winkler

(a) Residence, No. 4033 Castleman Ave. St. 17 Ward. (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 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 Herman Winkler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19th. 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
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

MOTHER FATHER 13. NAME Karl Baatz

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

15. MAIDEN NAME Emilia Mueller

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

17. INFORMANT Herman Winkler (ADDRESS) 4033 Castleman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE July 29th 1935

19. UNDERTAKER J. H. Schumacher (ADDRESS) 3013 Meramec Street

20. FILED JUL 26 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/25, 1935 to 7/26, 1935

I last saw him or her alive on 7/25, 1935. Death is said

to have occurred on the date stated above, at 2am m.

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

Strangulated intestine obstructed from umbilical hernia Date of onset 7/25/35

Other contributory causes of importance: Cardio-vascular-renal disease

Name of operation Resection of intestine Date of 7/27/35
What test confirmed diagnosis? gross Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? J. C. C. (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) W. H. Shaver M. D.
(Address) 3115 S. Grand St.

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.

