

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

Do not use this space.

SEP 16 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo* (No. *City*, *Sanitarium*)..... St. Ward)

File No. **27821**
Registered No. **6872**

2. FULL NAME *Bertha Hardy*

(a) Residence, No. *1416 Hadley* St., *25* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *65* yrs. *8* mos. *2* 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) *widower*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 8, 1869*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework*
10. Date deceased last worked at this occupation (month and year) *Oct 25, 1934* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Missouri*

13. NAME *Joseph Matulaki*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *A. E. Miller, M.D.* (ADDRESS) *City, Sanitarium*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery Cem* DATE *11-4-35*

19. UNDERTAKER *Central Trust Co* (ADDRESS) *1847 Cass Ave*

20. FILED *12* 1935 19 *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 10, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *August 1st, 1935, to August 10, 1935*
I last saw her alive on *August 10, 1935*. Death is said to have occurred on the date stated above, at *2:25 pm*.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset *1935 Aug*
Arteriosclerosis *1925 X*
Seribity *1925 X*

Other contributory causes of importance:
Arteriosclerosis
Seribity

Name of operation _____ Date of _____
What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

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) *A. E. Miller*, M. D.
(Address) *City, Sanitarium*
St. Louis, Mo

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.

