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.

DEC 7 1935

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

Do not use this space.

37911

791

1008

9890

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME Bertha Vitrey

(a) Residence, No. 3811 Labadie St., Ward. 10 (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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22 1875

7. AGE: 60 YEARS ~~59~~ MONTHS: 0 DAYS: 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hook
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): Illinois

FATHER

13. NAME: Aug Pasler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Minnie Ank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp Dept City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Cem DATE Nov 27 1935

19. UNDERTAKER (ADDRESS): Wm F Paschedag 2825 No Grand Blvd

20. FILED NOV 26 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1935, to 11-25, 1935

I last saw her alive on 11-25, 1935. Death is said to have occurred on the date stated above, at 12:40 am

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

Fr Right Fever — Date of onset 1931

Common Iliac Thrombosis caused by fall to floor in bathroom at residence in Philadelphia Pa.

Other contributory causes of importance: Exact date unknown

Hydro nephrosis
External pelvosis 1865

Name of operation: Whitman Reconstruction Date of 10-25-35

What test confirmed diagnosis? X Ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 21 1931

Where did injury occur? St Louis Mo. Philadelphia Pa. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H W Morris M. D.

(Address) City Hosp #1