

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.

APR 11 1936

12408

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 1932 Semple Ave.)

File No.....
Registered No. 2372
St. Ward)

2. FULL NAME

Bertha Wilzbach

(a) Residence, No. 1932 Semple Ave. St. 6 Ward.

(Usual place of abode) (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Wilzbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 17

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

17. INFORMANT (ADDRESS) John C. Russell
1932 Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Cemetery DATE Mar. 5th, 1936

19. UNDERTAKER (ADDRESS) Wreimann Naval
1905 Union Bldg.

20. FILING DATE MAR 3 1936 Registrar J. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936 to March 2, 1936
I last saw her alive on Mar. 2, 1936 Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Jan. 6 / 1936
Apoplexy
Cerebral Hemorrhage
131
Other contributory causes of importance:
Hardening of Arteries
Heart & Valvular Disease
Kidney Disease - Ch. nephritis

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) Rose Winnie Rose, M. D.
(Address) 54-11 Easton Ave.

Excavation Area

2-4

