

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

Do not use this space.

JUN 6 1936

21144

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis Mo** (No. **3729**, **California**)

File No.

Registered No. **5352**

2. FULL NAME **Bertha Falk**

(a) Residence, No. **3729 California** **24** 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 **Male** 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 **George Falk**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 11 - 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 8

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

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) **St. Louis Mo**

13. NAME **Ben Wunsch**

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

15. MAIDEN NAME **unknown**

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

17. INFORMANT **Mrs Nettie Schiller** (ADDRESS) **3729 California**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **May 27 36**

19. UNDERTAKER **Ziegenbein Bros** (ADDRESS) **2623 Cherokee St**

20. FILED **MAY 20 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 2** to **May 18**, 19**36**

I last saw him alive on **May 18**, 19**36** Death is said to have occurred on the date stated above, at **1456** m.

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

Myocarditis, elv. Nephritis elv.

Other contributory causes of importance: **121**

Name of operation Date of

What test confirmed diagnosis? **Stup et** Was there an autopsy? **No**

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 **W. Waggenbach**, M. D.

(Address) **4738 Dravon Av.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

