

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.

OCT 5 1936

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

Do not use this space.

35807

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. ST. LOUIS

(No. 2402 S. 13<sup>th</sup> ST)

File No.....

Registered No. 9428

St.....

Ward.....

2. FULL NAME BERTHA GUNDEL

(a) Residence, No. 2402 S. 13<sup>th</sup> ST St. 23 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 7<sup>th</sup> 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 9 5

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. 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 LOUIS GUNDEL

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

15. MAIDEN NAME MARIE KUEMMELER

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

17. INFORMANT (ADDRESS) Vera & unbest 2402 S. 13<sup>th</sup> ST

18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE OF CREMATION DATE 9/14/36

19. UNDERTAKER (ADDRESS) Julius W. Schmidt 137<sup>th</sup> & Russell Blvd

20. FILED SEP 14 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936 to Sept 17, 1936

I last saw h. alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Mitral regurgitation  
Heart exhaustion  
Stroke  
Date of onset 10/4/19 or there

Other contributory causes of importance: Heart exhaustion Stroke

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

(Signed) M. J. J. M. D.

(Address) 3014 S. Jefferson

