

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City ST LOUIS (No. 5204) KENSINGTON St. 3077 Ward

## 2. FULL NAME BERTHA WILLI ANDREWS

(a) Residence, No. 5204 KENSINGTON St. 12 Ward. (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) MARRIED.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John N ANDREWS.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 10 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 4 9

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

13. NAME CHRIST WILLI

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

15. MAIDEN NAME MARY SIEFRIED

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

17. INFORMANT JOHN N ANDREWS (ADDRESS) 5204 KENSINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON, ILL. DATE MARCH 22 1937

19. UNDERTAKER LAWRENCE MULLEN (ADDRESS) 6165 DESMAR BLVD

20. FILED MAR 19 1937 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to March 18 1937

I last saw her alive on March 18 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Death due to myo-carditis following chronic  
Date of onset

Other contributory causes of importance: Atheroma 93c

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..... (SCHWERT) M. D.

(Signed) Otto J. Schwert

(Address) 21011 3rd Broadway

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.

