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

APR 8 1937

Do not use this space.

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File No.
Registered No. 3128

1. PLACE OF DEATH

County
Township
City St. Louis (No. 2258 Indiana Ave. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Minnie Vortmann

(a) Residence, No. 2258 Indiana Ave. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1868.

7. AGE: Years 68 | Months 2 | Days 24 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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) St. Louis, Mo.

FATHER

13. NAME Henry Berghoefer
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 Frank Vortmann
(ADDRESS) 2258 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Mar. 24th. 19 37

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAR 22 1937 19 J. J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 21st. 19 37

22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1936, to March 21st, 1937
I last saw her alive on March 20th, 1937. Death is said to have occurred on the date stated above, at 10.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) — Date of onset 3/20-37

Other contributory causes of importance: Chronic Myocarditis — about 1935

Name of operation None Date of —
What test confirmed diagnosis? Clinical Symptoms 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? —
If so, specify —

(Signed) W. A. Fries, M. D.
(Address) 1544 So. Broadway

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.