

REC'D APR 11 1938

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

9131  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City Saint Louis, Missouri. (d) Street No. 5520 Clemens Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**Primary Registration District No. **1003**Registered No. **2720**2. PRINT FULL NAME Bertha Hohlfeld, 414

(a) Residence, No. 937 Withnell Ave. St. **214**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Carl Hohlfeld.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th, 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
87. 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife.

9. Industry or business in which work was done, as 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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bertha Soffner,  
 (ADDRESS) 3515 Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Old St. Marcus Cem. DATE March 22nd, 1938

19. FUNERAL DIRECTOR Ziegenhein Bros.  
 (ADDRESS) 2823 Cherokee Street.

20. FILED J. D. Brueck  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to 3/19, 1938.

I last saw her alive on 3/19, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Hypertensive Heart Disease  
Myocarditis, chronic  
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of.....What test confirmed diagnosis? Excs 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) J. D. Brueck, M. D.(Address) 1515 Lafayette

MAR 22 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I, David M. Davis. Licensed Embalmer No. 3741.

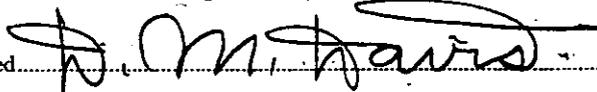
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 3741.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**