

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23803

Do not use this space.

6497

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City Saint Louis, Missouri. (d) Street No. 3217 Potomac Street. 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.

2. PRINT FULL NAME Bertha Kutta.

(a) Residence, No. 3217 Potomac Street. St. 16  
 (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 John Kutta.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10th, 1849.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 6 9

OCCUPATION 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

FATHER 13. NAME Unknown

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 Arthur Kutta.  
 (ADDRESS) 3217 Potomac Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE July 21st, 1938

19. FUNERAL DIRECTOR Ziegenhain Bros.  
 (ADDRESS) 2623 Cherokee Street.

20. FILER J. F. Bruders  
 (ADDRESS) Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to July 19, 1938.  
 I first saw her alive on July 19, 1938. Death is said to have occurred on the date stated above, at 9:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

ac dilatation Heart  
due to myocarditis caused by atherosclerosis

Other contributory causes of importance:  
Arteriosclerosis  
Senility

Name of operation ..... Date of .....  
 What test confirmed diagnosis? usual 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) Dr. J. J. Young M. D.  
 (Address) 2621 S. Jefferson

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.

1 X12004  
 50K-20-57

**STATEMENT BY LICENSED EMBALMER**

I, Wearl E. Morris, Licensed Embalmer No. 3360.

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 Wearl E. Morris

Licensed Embalmer No. 3360.

**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.)**