JAN 26 1934

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

Do not use this space.

40022
4820

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4820
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. Trinity Lutheran St. Ward)

2. FULL NAME Bertha Emilie Arendt
(a) Residence, No. 2443 Myrtle, Ave. St. 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 4 - 1879

7. AGE — YEARS 54 — MONTHS 3 — DAYS 3 — 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) Russia

FATHER
13. NAME Carl Schultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Marie Ottlieb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Edward Arendt 2443 Myrtle, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec - 9 - 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Ave.

20. FILED 12-9, 1933 M M Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933, to Dec 7, 1933
I last saw her alive on Dec 7, 1933. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General peritonitis due to ruptured appendix | 12-3-33 |
| Other contributory causes of importance: acute nephritis | 12-5-33 |

Name of operation appendectomy Date of 12-4-33
What test confirmed diagnosis? Operation 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) Ottokar Hofmann, M. D.
(Address) 806 Rialto Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.
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23
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V. S. No. 2