MAR 5 - 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 File No. 8700

Township ..... Primary Registration District No. 1003 Registered No. 2161

City St. Louis, Mo. (No. 1414 St Ange Ave. St. ..... Ward)

2. FULL NAME Bertha Buresch

(a) Residence, No. 1414 St. Ange St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Dont Know 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 Buresch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30, 1878

7. AGE: YEARS 59 MONTHS 0 DAYS 19 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): Germany

FATHER

13. NAME: Gotlieb Schnieder
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 (ADDRESS): Frank Buresch, 1414 St. Ange

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Feb. 22, 1937

19. UNDERTAKER (ADDRESS): Wm C. Mogdell, 1926 Allen Ave.

20. FILED FEB 22 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. ~~I~~ HEREBY ~~CERTIFY~~, That I attended deceased from Febr 17th 37, to 19th of Febr, 1937
I last saw her alive on Febr 19th, 1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset

Other contributory causes of importance: Pleuresy Flu Bronchitis

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
(Signed) Dr Robert Greiderer M. D.
(Address) 2124 Russell Av City St Louis

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.

899