

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

36408
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1008**

(c) City (d) Street No. **Chris tian Hospital** 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 WINGERD,**

(a) Residence, No. **8519 Drury Lane** St. **SA**
(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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 5, 1857**

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

79 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

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) **Columbia,**
(STATE OR COUNTRY) **Mo**

13. NAME **Roman Seyfried**

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

15. MAIDEN NAME **Emily Von Eppenberg**

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

17. INFORMANT (NAME) **Mrs. J. J. Kinley**
(ADDRESS) **8519 Drury Lane**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Oct. 23, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILE **OCT 27 1937** **JT Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 19** 19**37** **Oct 20** 19**37**

I last saw her alive on **Oct 20** 19**37** Death is said to have occurred on the date stated above, at **5:25 P. M.**

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

Lobar Pneumonia

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? **clinical** 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. J. Kinley** M. D.
(Address) **4518 Washington**

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.

OCCUPATION **899**
FATHER **10**
MOTHER **10**

STATEMENT BY LICENSED EMBALMER

I, Lemuel Hampton, Licensed Embalmer No. 2967

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lemuel Hampton
Licensed Embalmer No. 2967

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.)