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

Do not use this space.

6750

1. PLACE OF DEATH

County St. Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St. Louis (No. 2630 S 13th St. Ward)

File No. — Registered No. 1702

2. FULL NAME Bertha Hebeler

(a) Residence. No. 2630 S 13th St., 23 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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 31 1863

7. AGE — Years: 64 | Months: 6 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New York
(STATE OR COUNTRY): N.Y.

PARENTS

10. NAME OF FATHER: Herman Grieb

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Mary Heinreich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Wm Hebeler
(Address) 2630 S 13th St.

15. FILED FEB 15 1928 19.. Mary E Carlock
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1928, to 2-13-, 1928, that I last saw h.er alive on 2-13-, 1928, and that death occurred, on the date stated above, at 8:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Myocarditis Chronic.
93C.

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. A. Freitag, M. D

2/15, 1928 (Address) 6323 Delmar Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Paul's Church Yard — DATE OF BURIAL: 2-16 1928

20. UNDERTAKER: Wm Schumacher — ADDRESS: 3013 Texas

6323 Paige
8-10 1-3 6-9