

DEC 13 1937

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

40047
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St. **11034**
(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 Manley
(a) Residence, No. **2334 Montana** St. **15** (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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 12, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 0 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**
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) **Iowa**

FATHER
13. NAME **Dave Elliott**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

MOTHER
15. MAIDEN NAME **Nancy Eudt**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT (ADDRESS) **Hosp. info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Trinity L. Cem.** DATE **Nov. 30, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **C. Hoffmeister M-L Co. 7814 So. Broadway St. Louis Mo.**

20. FILED **NOV 30 1937** **J. P. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/28/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **11/5/37** 19 to **11/28/37** 19.

I last saw h. **her** alive on **11/28/37** 19. Death is said to have occurred on the date stated above, at **5.05** m. a

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

Chronic Pulmonary Tuberculosis
Date of onset
Other contributory causes of importance: **23**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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) **Charles J. Huntington**, M. D. (Address) **City Hospital No. 1**

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.

WHILE FATHER WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X1284

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linas C. Hoffmeister
L. E. 3871
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed George W. Hoffmeister
Licensed Embalmer No. 2426

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.)