DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20512

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5356

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis Missouri 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1046 Geyer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Illinois years.

3. (a) PRINT FULL NAME Bertha Rezabek

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb 4 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	4	10	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Henry Hillinghorst
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Qirin
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent
(b) Address City Hospital No.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-39
(Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mordell
(b) Address 1926 Allen Ave.

19. (a) JUN 16 1939 (Date received local registrar) (b) J. F. Rezabek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14, 1939
year hour 2.15 minute p M.

21. I hereby certify that I attended the deceased from 5/29/39, 19__, to 6/14/39, 19__;
that I last saw her alive on 6/14/39, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Right Breast	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. V. Mulligan (M. D. or other)
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 6-17-39
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by A. H. Janoby, Registered Apprentice No. 198, working under my personal supervision.

Signed Wm. C. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.)

If this body is not embalmed, above space should be left blank.