

Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4449 Clarence Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 1

3. (a) PRINT FULL NAME BERTHA QUERNHEIM
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec. 22 1874
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER
12. Name Francis Landzettel 6
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Determann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Determann
(b) Address 4449 Clarence Avenue

17. (a) Burial (b) Date thereof June 14, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director J. J. Bredel
(b) Address 2161 East Fair Avenue

19. (a) JUN 23 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 107
(If outside city or town limits, write "RURAL")
(d) Street No. 4449 Clarence Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10th
year 1939 hour 11 minute 30 PM
21. I hereby certify that I attended the deceased from June 10th, 1939, to June 10, 1939
that I last saw him alive on June 10th and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy cerebral
Due to arteriosclerosis
arteriosclerotic heart disease
Due to chronic interstitial nephritis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
Duration 3 hrs
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) (e) Means of injury _____
While at work? _____
23. Signature Frank V. Krebs (M. D. or other) _____
Address 3500 N Grand Date signed 6/23/39

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—USE INK—NEVER USE PENCIL.

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buehler*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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.

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

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

20718 Do not use this space.

1. PLACE OF DEATH (a) County St. Louis (b) Township (c) City (d) Street No. (e) Length of residence in city or town where death occurred (f) How long in U. S., if of foreign birth? (g) How long in U. S., if of foreign birth? (h) How long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS 3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Quernheim 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 64 5 19 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 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. 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 7/26/39 J. B. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1939 22. I HEREBY CERTIFY, That I attended deceased from to 19 I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Date of onset Super contributory causes of importance: 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) Frank J. V. Krebs, M. D. (Address) 3170 N Grand

SUPPLEMENTARY

